

ROCKBRIDGE AREA RECREATION ORGANIZATION (RARO)

receipt# _____

300A White Street, Lexington, VA 24450

Phone: (540) 463-9525 Infoline: (540) 463-1113

Website: www.rarorec.org

2019 ADULT BASKETBALL PROGRAM

The fee is \$15.00 per participant.

This program is offered to area adults ages 18 and up. The program will start out being an open gym program. Participants should wear t-shirts, shorts and tennis shoes. All participants must complete a registration form.

This program will take place at Rivermont Rockbridge on Thursday evenings starting October 17 until mid-April from 7:00 p.m. to 9:00 p.m. during school operating hours.

The RARO Board of Directors and Staff do not wish to exclude anyone from participating due to economic constraints. Please contact the RARO office at 463-9525 should you have any questions regarding economic constraints. **Fees are payable at time of registration.**

Full Name _____

Complete Mailing Address: _____
(Street Address or Post Office Box Number)

_____, Virginia _____
(City or Town) (Zip Code)

Home Phone: _____ Business Phone: _____

E-mail address: _____

Age (as of Sept. 30): _____ Date of Birth _____ Gender: () Male () Female

I am a resident (check one) of: Rockbridge Co. _____ Lexington _____ Buena Vista _____

Do you have any medical problems? If so, please explain _____

The supervisors have my permission to call my family doctor in the event of an emergency.

My physician: _____ Phone: _____

OVER



The supervisor has my permission in an emergency, when I or my physician cannot be contacted, to arrange for a rescue squad to take me to the emergency room at Stonewall Jackson Hospital at my expense and release RARO and program supervisors from any liability for damages or injuries which might have occurred during the operation of this program. No RARO employee or volunteer, RARO or its sponsoring institutions; or any institution or agency whose facilities are used for RARO activities will be held responsible for any injury I might sustain.

Participants Signature

IMPORTANT NOTICE RARO HAS NO MEDICAL INSURANCE COVERAGE OF ANY KIND ON YOU WHILE YOU ARE PARTICIPATING IN A RARO EVENT. IT IS IMPORTANT THAT YOU HAVE COVERAGE AND REALIZE THERE IS THE POSSIBILITY OF INJURY IN ATHLETIC EVENTS. THIS FORM MUST BE COMPLETED AND FILED BEFORE YOU CAN PARTICIPATE IN ANY RARO PROGRAM. COMPLETION OF THIS FORM SIGNIFIES YOUR CONSENT FOR YOU TO PARTICIPATE AND ACKNOWLEDGES THAT RARO PROVIDES NO MEDICAL INSURANCE IN THE EVENT OF AN INJURY.

NAME OF YOUR INSURANCE COMPANY: _____.

Program Philosophy: I understand that the objective of the Rockbridge Area Recreation Organization (RARO) is to provide recreational opportunities that instill good citizenship, good sportsmanship, good will and good fun. Please note that is the policy of all area schools and RARO to forbid the presence of alcohol, drugs and tobacco at all school facilities and RARO event sites.

SIGNATURE OF PARTICIPANT _____ **DATE** _____

RARO opts in all of their players likeness and images for promotional and media material, such as Facebook and printed materials. If you prefer to opt out of this activity, please initial _____.

Signature of participant _____ Date _____

RARO is hoping to significantly reduce our mailing expenses and the use of paper. We would like to save time, save money and save forests! Go to the RARO website and download the appropriate registration form to sign up for your chosen activity.

For Office Use Only

Registration form received by: _____

Date form received: _____

Total fee amount received:\$ _____

Check# _____ Cash rec'd _____

Fee received by: _____

Date Received: _____