

Rockbridge Area Recreation Organization (RARO)
300A White Street, Lexington, VA 24450
Phone: (540) 463-9525
Website: www.rarorec.org

receipt# _____

2019 VOLLEYBALL PROGRAM
DEADLINE IS MARCH 8, 2019

Registration fee for this program is \$15.00 each participant
A \$25.00 late fee will be applied in addition to the registration fee if registered after the deadline.

This program will be held at Rockbridge County High School gym on Tuesday and Thursday beginning April 9, 11, 16, 18, 23, 25, 30 and May 2. Practice sessions will be held in two different groups as follows, ages 8-11 will practice from 6-7:15 p.m. and ages 12-13 will practice from 7:00-8:15 p.m. The program will be conducted by Davina Copsy, JV volleyball coach at RCHS and several past and present RCHS volleyball players.

The program will be co-ed, ages 8-13 years old. Beginning volleyball uses modified rules very similar to the small-sided soccer rules that RARO employs. The sessions will consist of learning different skills and fundamentals each session.

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.

PARTICIPANT'S AGE IS AS OF SEPTEMBER 30 OF CURRENT YEAR

- Male, Age 8 Female, Age 8 Male, Age 11 Female, Age 11
 Male, Age 9 Female, Age 9 Male, Age 12 Female, Age 12
 Male, Age 10 Female, Age 10 Male, Age 13 Female, Age 13

Child's First Name: _____ Last Name: _____

Date of Birth: ____ / ____ / ____ Age as of September 30 of current year _____
 MM DD YYYY

Parent or Parents Name: _____

Mailing Address: _____

_____, Virginia _____
City Zip Code

Home Phone Number: _____ Work/Cell Number: _____

Email Address: _____

Emergency Contact Name: _____ Emergency Contact Number: _____

This is in case we would need to reach you in an emergency. These numbers are only given out to our coaches.

Resident of: Rockbridge Co. Lexington Buena Vista
What school does your child attend: _____

Does your child have any special medical needs? _____. If yes, please explain _____

Primary Doctor's Name & Telephone #: _____

BE SURE ALL QUESTIONS, BOTH FRONT AND BACK ARE ANSWERED SO THERE IS NO DELAY IN PROCESSING THIS FOR

MEDICAL: The coach or supervisor has my permission in an emergency, when I or my physician cannot be contacted, to arrange for a rescue squad to take my child to the emergency room at Stonewall Jackson Hospital at my expense. I do hereby grant permission for my son or daughter to participate in the program checked on the front of the form and release RARO, the coaches or program supervisors from any liability for damages or injuries which might be incurred during the operation of this program.

I understand that all RARO coaches are volunteers. 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 my child might sustain. If I have any doubts about my child's physical condition, I assure RARO that he or she has been examined by a physician prior to the start of the program selected for my child.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____.

NOTICE TO PARENTS OR GUARDIAN: RARO HAS NO MEDICAL INSURANCE COVERAGE OF ANY KIND ON YOUR CHILD WHILE HE OR SHE PARTICIPATES 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 YOUR CHILD CAN PARTICIPATE IN ANY RARO PROGRAM. COMPLETION OF THIS FORM SIGNIFIES YOUR CONSENT FOR YOUR CHILD TO PARTICIPATE AND ACKNOWLEDGES THAT RARO PROVIDES NO MEDICAL INSURANCE IN THE EVENT OF AN INJURY TO YOUR CHILD.

NAME OF YOUR INSURANCE COMPANY _____

THE COACH OR SUPERVISOR HAS MY PERMISSION TO CALL MY FAMILY PHYSICIAN IN AN EMERGENCY WHEN I CANNOT BE CONTACTED. PHYSICIAN INFORMATION IS LISTED ON THE FRONT OF THIS FORM PARENT'S PLEASE INITIAL _____.

Parents: We need volunteer coaches. This is a chance to make a positive difference in our community. We have clinics for those who wish to coach, but don't have the training.
Yes, _____ I would like to coach Name _____.

PROGRAM PHILOSOPHY: I understand that the objective of the Rockbridge Area Recreation Organization (RARO) Program is to provide recreational opportunities that instill good citizenship, good sportsmanship, good will and good fun. The RARO athletic programs consequently place primary emphasis on full participation, balanced teams, positive coaching and officiating, and having fun. Competitive spirit is nurtured, but emphasis on winning will not overshadow the goal of providing a healthy, challenging and satisfying experience for all RARO participants.

SIGNATURE OF PARENT OR GUARDIAN _____ 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 parent/guardian _____ Date _____

*****THE FORM MUST BE IN THE POSSESSION OF RARO BY THE DUE DATE. IF NOT, YOUR CHILD WILL BE PLACED ON A WAITING LIST AND EVERY EFFORT WILL BE MADE TO PLACE YOUR CHILD ON A TEAM. THANK YOU.*****

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 your son or daughter up for their chosen activity. We offer both online registration and online payment on our website at www.rarorec.org.

FOR OFFICE USE ONLY

Registration form received by: _____

Date form received: _____

Total fee amount received: \$ _____

Check # _____ Cash recd. _____

Fee received by: _____

Date received: _____