

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

receipt # _____

**2020 RARO SANCTIONED BASEBALL REGISTRATION FORM
 DEADLINE IS FEBRUARY 21, 2020**

PARTICIPANT'S AGE IS AS OF APRIL 30, 2020

Sanctioning fee of \$50.00 for each participant.
A \$25.00 late fee will be applied in addition to the registration fee if registered after the deadline.

RARO hats are \$10.00 and are available at our RARO office.

_____ Cal Ripken Baseball, ages 11 & 12 (RARO hat required)

_____ Minor League Sanctioned Baseball, ages 9 & 10 (RARO hat required)

Please indicate below baseball shirt size for participant:

_____ Youth Small _____ Youth Medium _____ Youth Large

_____ Adult Small _____ Adult Medium _____ Adult Large _____ Adult X Large _____ Adult XX Large

Please indicate below where you would like to have your child's team based:

_____ Lexington _____ Fairfield _____ Glasgow/Natural Bridge _____ Buena Vista

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.

Players' Information

Last Name:		First Name:		MI	Nick Name:	
Date of Birth (MM/DD/YYYY)			Age as of April 30 of current year			
Mailing Address (no PO Box):			City:		State:	Zip Code:
Telephone Number :			Participant resides with:			
Participant's Gender: () Male () Female		Participant is resident of: () Rockbridge County () City of Lexington () Buena Vista				
Name of School/Grade:		Name of Physician:		Telephone Number:		
Does this player have any disabilities, handicaps, present injuries or limitations, allergies, heart condition, history of any respiratory illness or any other significant medical condition () Yes () No If yes, please explain:						

Mother/Guardian information

Name:	Work Number:	Cell Number:
Email Address for purpose of notifying of schedule changes and/or cancellations:		

Father/Guardian information

Name:	Work Number:	Cell Number:
Email Address for purpose of notifying of schedule changes and/or cancellations:		

OVER

NOTE: We stagger the start of each league. You will be contacted either by a coach or someone in the RARO office

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 _____.

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 _____ No, _____ I would not like to coach.

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. **My signature below indicates that I and all family members and friends will model sportsman like behavior as a spectator at all RARO events.**

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 AND REGISTRATION FEE MUST BE IN THE POSSESSION OF RARO BY THE DEADLINE 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 rec'd. _____

Fee received by: _____

Date received: _____