

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

receipt# _____

2021 RARO YOUTH SOCCER REGISTRATION FORM
DEADLINE IS MAY 28, 2021

PARTICIPANT'S AGE IS AS OF SEPTEMBER 30, 2021

1. () 5-year old Introductory Soccer Program - \$15.00 registration fee
 2. () Mighty Mite Soccer (Boys & Girls ages 6, 7, & 8) - \$25.00 registration fee
 3. () Junior Soccer (Boys & Girls ages 9 & 10) - \$25.00 registration fee
 4. () Senior Soccer (Boys & Girls Ages 11, 12 & 13) - \$25.00 registration fee
- A \$25.00 late fee will be applied in addition to the registration fee if registered after the deadline.**

For the programs listed above, please indicate which area you would like your child based in.

() Glasgow-Natural Bridge () Fairfield () Lexington () Buena Vista

FEES: 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 540-463-9525 should you have any questions regarding economic constraints. Fees are payable at the time of registration. For age 5, shin guards are required. For ages 6-13, RARO shirts are required as well as shin guards. The shirt fee is \$25.00 and are available at the RARO office.

Player's Information

Last Name:		First Name:		MI	Suffix	Nick Name:	
Date of Birth (MM/DD/YYYY)				Age as of September 30, 2021			
Mailing Address:			City:		State:	Zip Code:	

Player's Information

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.

Gender: () Male () Female		Resident of: () Rockbridge County () City of Lexington () Buena Vista					
Name of School:		Physician's Name:			Physician's Telephone:		
Does this player have any disabilities, handicaps, present injuries or limitations, allergies, heart conditions, history of any respiratory illness or any other significant medical condition () Yes () No If yes, please explain here:							

Mother/Guardian

Last Name:		First Name:		MI	Suffix	Home Telephone:	
Business/Employer:			Work/Cell Telephone:		Email Address:		

Father/Guardian

Last Name:		First Name:		MI	Suffix	Home Telephone:	
Business/Employer:			Work/Cell Telephone:		Email Address:		

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

OVER

NOTE: We stagger the start of each league. You will be contacted either by a coach or 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 _____.

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 AND REGISTRATION FEE 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.*****

FOR OFFICE USE ONLY.

Registration form received by: _____

Date form received: _____

Total fee amount received: \$ _____

Check # _____ Cash rec'd. _____

Fee received by: _____

Date received: _____