

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

receipt# _____

FREE REGISTRATION FEE!!

2021 VOLLEYBALL PROGRAM
DEADLINE IS APRIL 23, 2021

This program will be held at Rockbridge County High School gym on Monday and Wednesday beginning April 26, 28, May 3, 5, 10, 12, 17, 19. Practice sessions will be held in two different groups as follows, ages 8-11 will practice from 6-7:00 p.m. and ages 12-13 will practice from 7:00-8:30 p.m. The program will be conducted by Davina Copsy.

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.

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

- | | | | |
|---------------------------------------|---|---------------------------------------|---|
| <input type="checkbox"/> Male, Age 8 | <input type="checkbox"/> Female Age 8 | <input type="checkbox"/> Male, Age 11 | <input type="checkbox"/> Female, Age 11 |
| <input type="checkbox"/> Male, Age 9 | <input type="checkbox"/> Female, Age 9 | <input type="checkbox"/> Male, Age 12 | <input type="checkbox"/> Female, Age 12 |
| <input type="checkbox"/> Male, Age 10 | <input type="checkbox"/> Female, Age 10 | <input type="checkbox"/> Male, Age 13 | <input type="checkbox"/> Female, Age 13 |

Name of Participant: _____

Date of Birth: ____ / ____ / ____
MM DD YYYY

Age as of September 30 of current year _____

Parent or Parents Name: _____

Mailing Address: _____

Home/Cell Phone Number: _____

Email Address: _____

Emergency Contact Name/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 FORM

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 _____

Fee received by: _____

Date received: _____



AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

READ BEFORE SIGNING

In consideration of being allowed to participate in any way in Rockbridge Area Recreation Organization athletic sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) from the activities involved in this program are significant, potentially life-threatening, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I acknowledge that I am aware that there are risks to me of exposure to directly or indirectly arising out of, contributed to, by, or resulting from:
 - An outbreak of any and all communicable disease, including but not limited to, the virus “severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)”, which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof;
5. I agree to wear a mask and socially distance myself when not actively participating
6. In consideration of having the opportunity to participate as either a team member or competitor at location, and in acknowledging that I am aware of and willing to assume the risks associated with this activity, I hereby voluntarily agree to waive, hold harmless and indemnify Rockbridge Area Recreation Organization and its trustees, agents, volunteers and employees from any and all claims, demands, damages and causes of action of any nature whatsoever arising out of ordinary negligence which I, my heirs, my assigns or successors may have against them for, on account of, or by reason of my participation in the above activities. I indicate my agreement to this hold harmless elective noted below.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant Name: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of the activity and his/her responsibilities for adhering to the rules and regulations. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's/ward's involvement or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

Parent/Guardian Name: _____

Parent/Guardian Signature _____

DATE SIGNED: _____

Emergency Phone Number: (____) _____