RECEIPT #:\_\_\_\_\_\_\_\_\_\_\_

**Registration Fees:**

**FOOTBALL**

*FLAG*

Intro $35

Rookie $35

*TACKLE*

Rookie/Junior/Senior $60

**SOCCER**

Intro $35

Rookie/Junior/Senior $45

**CHEERLEADING**

Intro $35

Rookie/Junior/Senior $45

**RARO SPORTS REGISTRATION FORM**

**Deadline is May 31, 2025**

 **A $10.00 late fee will be applied in addition to the registration fee if registered after the deadline.**

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

**SPORT: FOOTBALL - Tackle SOCCER CHEERLEADING**

 **FOOTBALL - Flag**

**LEAGUE: Intro (5-6) Rookie (7-8) Junior (9-10) Senior**

**SHIRT SIZE YXS YS YM YL YXL AS AM AL AXL**

**LOCATION PREFERENCE: Lexington Buena Vista Fairfield Natural Bridge/Glasgow**

**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.**

**Player’s Information**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name: | Last Name: | MI | Grade: |
| Date of Birth (MM/DD/YYYY)  | Age as of September 30th of current year:   |
| Mailing Address: | City: | State: | Zip Code: |
| Participant’s Gender: ( ) Male ( ) Female | Resident of: ( ) Rockbridge County ( ) City of Lexington ( ) Buena Vista ( ) Other |
| Name of School:  |

**Primary Contact**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name: | Last Name: | MI | Primary Telephone:  |
| Business/Employer: | Work Telephone:  | Email Address: |

**Secondary Contact**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name: | Last Name: | MI | Primary Telephone:  |
| Business/Employer: | Work Telephone:  | Email Address: |
| In the event of shared custody situations, please give a name and number where information can be left in regard to changes and/or cancellations: .  |
| 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:  |

**Emergency Contact: (Another immediate contact not previously listed)**

|  |  |  |
| --- | --- | --- |
| Name: | Telephone: | Relationship: |

**COACHING: 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SPONSORSHIPS: Sponsorships are needed for the league. Sponsorships assist in providing financial support for the teams. Cost is $100 per team. Sponsorship includes the name of the company on the back of the uniform and a team picture.**

**\_\_\_Yes, I am interested in sponsoring a team.**

**Contact for Sponsorship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEDICAL:** The coach or supervisor has my permission in an emergency, when I cannot be contacted, to arrange for a rescue squad to take my child to the emergency room 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: BASEBALL (ROOKIE, MINOR, MAJORS) PARTICIPATES IN A SANCTIONED LEAGUE THAT PROVIDES COVERAGE IN THE EVENT OF AN ACCIDENT. FOR ANY PROGRAM NOT PREVIOUSLY MENTIONED, 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 .**

**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 .**

**MEDIA**: RARO reserves the right to use any photo or video in our media marketing, we do not associate names with pictures

\_\_\_\_\_\_\_ **Yes, RARO can use my picture**

**\_\_\_\_\_\_\_ No, RARO can’t use my picture**

\***All Participants are required to provide their own batting helmet.**

**\*\*\*The Registration Form must be in RARO’s possession by the deadline date to be guaranteed placement on a team. If the form is received after the posted deadline, we will make every effort possible to get them on a team, but in some cases it may not be possible.\*\*\***

**FOR OFFICE USE ONLY:**

**Registration form received by: Date form received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total fee amount received: $ Check # Cash rec’d. \_\_\_\_\_\_**

* Check if fee includes multiple participants

**Fee received by: Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**