



Roanoke Valley Homeschool



Philippians 4:13
I can do all things
through Christ who
strengthens me.

Roanoke Valley Homeschool Recreation, Inc.

REGISTRATION FORM (ALL SPORTS) – REVISED 7.25.11

PLEASE HIGHLIGHT ANY CHANGES FROM LAST REGISTRATION FORM SENT IN I.E. ADDRESS, PHONE#, ETC.

Name of Player: _____

Home Address (Include ZIP): _____

Home Phone: _____

Work Phone / or cell phone: _____

Date of Birth: _____

Parents Name / Guardian: _____

Email: _____

Any Special Medical Conditions / Medications / Etc. with regards to this player (please be specific): _____

In case of Emergency please contact/relationship: _____

Phone of Emergency contact: _____

Church you attend: (OPTIONAL)
this can help us with trying to find churches that have soccer fields, baseball fields or basketball courts that we could use

Team preference: Provide top 3 team preferences, based on team practice location and time, with #1 being the most preferred. If you absolutely cannot practice on a certain day or time – please let me know. (If we can only put you on that team – we will refund your money). If you are good with ANY day – please state that – THIS WILL PROVIDE US WITH FLEXIBILITY TO MAKE UP THE TEAMS. If you only want to play on the team you played on last year, then only list that team – DO NOT LIST ANY OTHER OPTIONS.

- #1
- #2
- #3

I ABSOLUTELY CANNOT PRACTICE ON OR AT A CERTAIN TIME: _____

I AM GOOD WITH ANY DAY OR TIME: _____

I, as a parent / guardian grant permission for my son/daughter to participate in the above program and release Roanoke Valley Homeschool Recreation, Inc., and coaches from liability for damages or injuries, which might be incurred during the operation of this program. I assure he/she is in good physical health as examined by a physician. In the event I cannot be reached I give permission for my child to receive emergency medical care. I verify that the above information is true and complete to the best of my knowledge.

I represent and warrant that I have the authority to give this release. In addition, by signing this document I have read and accept the terms set forth in the **RVHR ORGANIZATION AND CODE OF CONDUCT document (found in the FORMS link at www.rvhr1.com)**

Parent Signature

Date

PLEASE MAKE CHECKS PAYABLE TO:
(Fee - \$50 per player, Maximum for family - \$155 / Late fee - \$65 per player, Maximum for family \$180)

Roanoke Valley Homeschool Recreation, Inc. or RVHR
PO Box 7935
Roanoke, VA 24019-0935
Email: rvhr@cox.net Phone: 540-309-8808 www.rvhr1.com