



Roanoke Valley Homeschool Recreation, Inc.



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

REGISTRATION FORM (ALL SPORTS) - rev. 7.24.18

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

Name of Player: _____

Home Address (Include ZIP): _____

Best TWO phone numbers where you can be reached: 1) _____ 2) _____

Date of Birth: _____

Parents Name / Guardian: _____

Email: _____

Any player special medical conditions / Medications / Etc.
(please be specific): _____

If you cannot be reached - provide emergency contact/phone# _____

Church you attend: (OPTIONAL)
This helps with finding church soccer fields, or basketball courts _____

TEAM PREFERENCE: Provide top 3 team preferences in order based on preferred team practice location and time. 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 season (not last year, but the season that just past), ONLY list that team - you are guaranteed a spot on that team. DO NOT LIST ANY OTHER OPTIONS. If you are good with ANY team, please indicate:
#1
#2
#3
Put me where needed most, 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 _____

Registration fee - \$60/player, Maximum/family-\$190 / (Late fee-\$70/player, Maximum Late fee/family-\$200)

Make check payable to RVHR, Inc. and mail Registration and Fee to:

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