

Robious Bucs 2007-2008 Girls Basketball

Easy Steps to Register

- Complete Robious Basketball Registration Form
- Complete Medical Care Authorization Form
- Complete CGBL Registration Form
- Provide a copy of Birth Certificate: *New Players Only!!!*
- Attach check payable to: **RAA**
\$125.00 Minors through Seniors(After 11/5/07,\$150.00)
\$ 90.00 Instructional (After 11/5/07, \$115.00)

Send all completed forms and checks to:
Robious Athletic Association
P.O. Box 143
Midlothian, VA 23113

Reminders:

It is the organization's policy to communicate by email. Please make sure you provide your email address(es) on the appropriate form.

The website will be updated on a regular basis, so please visit the site for information on schedules, times, sites, etc

www.robiousathletic.com

Robious Athletic Association is a 501(c)3 non-profit organization that exists for the purpose of sponsoring youth sports in the greater Robious/Midlothian community in Chesterfield County, Virginia.

ROBIOUS ATHLETIC ASSOCIATION

P.O. Box 143, Midlothian VA 23113

2007- 2008 GIRLS BASKETBALL APPLICATION

Instructional (8 yrs) Minor (9-10yrs) Intermediate (11-12 yrs)
 Junior (13-14 yrs) Senior (15-17 yrs)

RAA USE ONLY
PL____ OP____ OPC____ PW____

PLEASE PRINT

Name _____
(Last, First, Middle)

Address _____
(Street, City, State, Zip)

Date Of Birth _____ Grade (as of Sept.) _____ Age _____ (As of Dec 31, 2007)

Elementary School Boundary _____ School Attending 2007 _____

Mothers Name _____ Home Phone: () _____ - _____ Work: () _____ - _____

Cell Phone: () _____ - _____ Email: _____

Fathers Name _____ Home Phone: () _____ - _____ Work: () _____ - _____

Cell Phone: () _____ - _____ Email: _____

Did Child Play Last Year? YES NO If yes, for who _____

NO REFUNDS AFTER NOVEMBER 14, 2007. If any uniform is altered you will be charged \$75 for the uniform

****Consent to Play and Emergency Medical Authorization****

I/We the parent(s) or legal guardians of the above named child, a candidate for a position on the Robious Athletic Association team, which is a member association of the Chesterfield Girls Basketball League, hereby give my/our approval for his/her participation in any and all League and Association Sponsored activities.

I/We assume all risks and hazards incidental to such participation, including transportation to and from the activities, and hereby waive, release, absolve, indemnify and agree to hold harmless the Robious Athletic Association, Inc. and their respective directors, officers, Coaches, and Participants, and Persons transporting my/our Son/Daughter; Chesterfield Girls Basketball League, the Organizers, Sponsors, Supervisors, Participants, from any claim arising out of or from any injury to my child whether the result of negligence or any other cause, except to the extent and in the amount covered by accident or liability insurance.

I/We agree to return, upon request, any equipment issued to my child in as good condition as when received except for normal wear and tear.

I/We will furnish a certified birth certificate for the above named child upon request of the Association representatives. I authorize the team coach, or another representative of the association to present my child for emergency medical treatment by a physician, surgeon or hospital licensed by the Commonwealth of Virginia.

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

Program Cost

PARTICIPATION FEES SENT IN BEFORE 11/5/07

NO REFUNDS AFTER NOVEMBER 14, 2007. If any uniform is altered you will be charged \$75 for the uniform

Check One:

- Instructional: \$ 90.00/Child *After 11/5/07 \$115.00*
- Minor \$ 125.00/Child *After 11/5/07 \$150.00*
- Intermediate \$ 125.00/Child *After 11/5/07 \$150.00*
- Junior \$ 125.00/Child *After 11/5/07 \$150.00*
- Senior: \$ 125.00/Child *After 11/5/07 \$150.00*

Total Cost \$ _____
 Family Discount : - \$ 10.00/ Per additional Child

_____ (names)

ENCLOSED AMOUNT: \$ _____

****ADD \$25.00 TO FEE AFTER 11/5/07****

ANY CHECK THAT IS RETURNED BY ANY FINANCIAL INSTITUTION IS SUBJECT TO A \$50.00 SERVICE CHARGE

Coaching Application

I am Interested in being (Circle One) Head Coach , Assistant Coach

I am (Circle One) a New coach, Returning coach (Returning Coach Background #) _____

Division (Circle One): Instructional, Minor, Intermediate, Junior, Senior

Name _____ Home Phone: () _____ - _____
 Work: () _____ - _____
 Address _____ Cell: () _____ - _____
 Email: _____

Chesterfield County requires Background Checks required for all coaches.

ROBIOUS ATHLETIC ASSOCIATION USE ONLY

Amount Received \$ _____ Date Received _____ Check No: _____ By _____

Balance Due \$ _____ Balance Paid \$ _____ Date Paid: _____ By _____

**CGBL
Participation Permission Form**

Child's Name: _____

Date of Birth: _____ Age as of December 31st _____

Address: _____

City: _____ Zip Code: _____

Telephone Number: _____

Elementary School District: _____

I currently play (Middle School/High School/AAU/YBOA)
Circle one if applicable

CONSENT: I/We, the parent(s) or legal guardian(s) of the above named child do hereby give approval to her participation in any and all league activities. I/We assume all risks and hazards incidental to such participation, including transportation to and from activities; I/We do hereby waive, release, absolve, indemnity, and agree to hold harmless the Chesterfield Girls Basketball League, Inc., organizers, sponsors, supervisors, participants and persons transporting my/our daughter(s) to and from activities for any claim arising out of any injury to my/our daughter(s), whether the result of negligence or any other cause, except to the extent and in the amount covered by accident or liability insurance. I/We will also furnish a copy of the birth Certificate for the above named child on or before the day of the first practice session.

PLEDGE: I/We as parent(s) or legal guardian(s) will abide and support all rules, guidelines, and standards as set forth by the Chesterfield Girls Basketball League Inc., and Chesterfield County. I/We understand that any violation committed by me/us will result in my/our suspension and preclude me/us from attending future league games/functions.

Parent/Guardian name(s): _____
Print Print

Signatures: _____

Player Release Form

The above player is released from _____ Athletic Association to play as a free agent for _____ Athletic Association in the Minor/Intermediate/ Junior/Senior Division, during the current year.

NOTE: Middle School/AAU/YBOA players will not be released, unless the home Association does not field a team in that respective Division.

Released By (Voting Rep/Assoc. President): _____ Date: _____

LEAGUE USE ONLY

Approved By (Div, Comm.): _____ Date: _____

ROBIOUS ATHLETIC ASSOCIATION

P.O. Box 143, Midlothian VA 23113

CONFIDENTIAL

Authorization for Medical Care of a Minor

I, _____ the undersigned parent or legal guardian of _____ do hereby authorized **Robious Athletic Association**, TO CONSENT to any x-ray examination, surgical or dental diagnosis or treatment and hospital care to be rendered to the above named minor under general or special supervision and upon the advice of a physician, surgeon or dentist licensed under the laws of the State of Virginia.

IN GIVING THIS CONSENT I RECOGNIZE AND UNDERSTAND that in situations where the above named minor requires immediate medical or hostel care it may not be possible to contact me, and that in such situations I will not be able to knowledgeable evaluate and choose among the available alternative treatments of pr procedures, if an, or to evaluate the risks attendant upon each, and the risks attendant to foregoing all medical treatment; in such situations, I authorize a physician, surgeon or dentist to exercise his professional judgment and assess the risks incident to and choose the necessary treatment from any available alternatives and to render such care and perform such treatment as he in his professional judgment determines to be necessary for the health and safety of the above named minor.

Date: _____ Parent/Legal Guardian Signature: _____

Phone : _____ Address: _____

In case of an emergency please contact: _____ Phone: _____

Insurance Company: _____ Policy Number: _____

Fathers Employment: _____

Mothers Employment: _____

Childs Physician and Phone Number: _____

Treatment Information

Minor's Birth Date: _____ Minor's Allergies: _____

Minor's Doctor: _____ Phone: _____

Minor's Medication _____

Date of Minor's Last Tetnus Shot: _____ Hospital Preference: _____

Does your child have any known allergies or is your child allergic to any medications? _____

If yes, please list any allergies and their reaction: _____

If there are any "Helpful Hints" or "fears" you would feel helpful for us to know, please list them: