

# Robious Bucs 2008-2009 Basketball

## Easy Steps to Register

- Complete Robious Basketball Registration Form
- Complete Medical Care Authorization Form
- Complete CBL Registration Form
- Sign the Parents' Code of Ethics
- Provide a copy of Birth Certificate
- Attach check **payable to: RAA**
  - \$ **125.00 Minors through Seniors (After 11/3/08, \$150.00)**
  - \$ **90.00 Instructional (After 11/3/08, \$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](http://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

## 2008- 2009 BOYS BASKETBALL APPLICATION

Instructional (8-9yrs)    Minor (10-11yrs)    Intermediate (12-13 yrs)  
 Junior (14-15 yrs)    Senior (16-18 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 July 31st)

Elementary School Boundary \_\_\_\_\_ School Attending 2008 \_\_\_\_\_

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 \_\_\_\_\_

My Child is a Candidate for "A" Division (Higher Level of Competition) \_\_\_\_\_ or "B" Division (Novice to Recreational Player) \_\_\_\_\_

My Child has potential schedule conflicts with other activities scheduled on the following weekday evenings (teams generally practice one or two evenings each week): \_\_\_\_\_

**NO REFUNDS AFTER NOVEMBER 16, 2008. 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 Boys 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 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 11/5/08\***

**NO REFUNDS AFTER NOVEMBER 16, 2008. If any uniform is altered you will be charged \$75 for the uniform**

Check One:

- Instructional: \$ 90.00/Child *After 11/3/08 \$ 115.00*
- Minor \$ 125.00/Child *After 11/3/08 \$150.00*
- Intermediate \$ 125.00/Child *After 11/3/08 \$150.00*
- Junior \$ 125.00/Child *After 11/3/08 \$150.00*
- Senior: \$ 125.00/Child *After 11/3/08 \$150.00*

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

\_\_\_\_\_ (names)

**ENCLOSED AMOUNT: \$ \_\_\_\_\_**

**\*\*ADD \$25.00 TO FEE AFTER 11/3/08\*\***

*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 \_\_\_\_\_**

# CHESTERFIELD BASKETBALL LEAGUE

## APPLICATION TO PLAY BASKETBALL

APPLICANTS NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
CITY AND STATE : \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
ELEMENTARY SCHOOL BOUNDARY: \_\_\_\_\_ ASSOCIATION: \_\_\_\_\_  
SCHOOL ATTENDED: \_\_\_\_\_ GRADE: \_\_\_\_\_

I/We, the parents or legal guardians for the above candidate for a position on a Chesterfield Basketball League team, hereby give My/Our approval to his/her participation in any and all league activities

I/We assume all risks and hazards incidental to such participation including transportation to and from the activities and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Chesterfield Basketball League, Inc., the organizers, sponsors, supervisors, participants and person transporting My/Our son or daughter, except to the extent and in the amount covered by accident or liability insurance.

I/We agree to return all uniforms and other equipment issued to My/Our son or daughter in as good condition as when received except for normal wear and tear.

I/We will furnish a certified birth certificate or other proof of birth of the above named candidate at this or initial sign in.

I/We understand that My/Our son or daughter is an ineligible player if he/she is named on any roster of any official school basketball team, whether public, private or parochial, during the current school year.

Is this candidate covered by Health Insurance? \_\_\_\_\_ YES \_\_\_\_\_ NO .

Name of insurance company: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FREE AGENT NOT REQUIRING RELEASE

The above named participant qualifies as a free agent without release from \_\_\_\_\_ association to play for \_\_\_\_\_ association because his/her parent was a \_\_\_\_\_ for \_\_\_\_\_ association the previous year of \_\_\_\_\_ and is a \_\_\_\_\_ for the current year.

### FREE AGENT REQUIRING RELEASE

The above player is hereby released from \_\_\_\_\_ association to play for \_\_\_\_\_ association in the \_\_\_\_\_ division.

REASON FOR RELEASE: \_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_ (Home Association Voting Rep or President)

APPROVED BY: \_\_\_\_\_ Date: \_\_\_\_\_  
League Official

PLACE BIRTH CERTIFICATE STICKER  
IN THIS SPACE

# 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 knowledgeably 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: \_\_\_\_\_

Child's 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 Tetanus 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:

## PARENTS' CODE OF ETHICS

I Hereby Pledge To Provide Positive Support, Care, and Encouragement For My Child By Following This Parents' Code of Ethics:

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice or other youth sports event.
- I will place the emotional and physical well being of my child ahead of my personal desire to win.
- I will insist that my child play in a safe and healthy environment.
- I will provide support for coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
- I will demand a drug, alcohol and tobacco-free sports environment for my child and will refrain from their use at all youth sports events.
- I will remember that the game is for children and not for adults.
- I will do my very best to make youth sports fun for my child.
- I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.
- I will promise to help my child enjoy the youth sports experience by doing whatever I can, such as being a respectful fan, assisting with coaching, or providing transportation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_