



Robious Bucs 2008 Football Easy Steps to Register

- ❑ Complete Robious Football Registration Form
- ❑ Complete Robious Participation and Volunteer Form
- ❑ Complete Medical Care Authorization Form
- ❑ Complete CQL Football Registration Form
- ❑ Complete Code of Conduct Forms
- ❑ Provide a copy of Birth Certificate (*New Players Only*)
- ❑ Attach checks **payable to: RAA**

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

<input type="checkbox"/> Flag 5-7 Yrs	<input type="checkbox"/> Minor 8-9 Yrs	<input type="checkbox"/> Junior 10-11 Yrs	<input type="checkbox"/> Senior 12-13 Yrs
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2008 APPLICATION TO PLAY FOOTBALL

RAA USE ONLY				
PL____	OP____	OPC____	PW____	PS____

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 _____

****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 Quarterback 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 Quarterback 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 shall furnish a certified Birth Certificate or certified legal proof of birth or other legal proof as may be requested by the League for the above candidate at the time and place of his/her initial weigh-in or at some other time or place designated by the Commissioner.

I/We grant the Commissioner, Chesterfield Quarterback League, permission to verify, if necessary, my/our child's school records pertaining to birth date and residence information only.

I/We 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: _____



ROBIOUS ATHLETIC ASSOCIATION

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2008 Participation Fees and Volunteer Agreement

PARTICIPATION FEES SENT IN BEFORE 7/15/08

****FEE AFTER 7/15/08 \$175.00**(Minors to Seniors), \$90.00 Flag****

- Single Child Flag: \$ 80.00/Child Family Flag : \$ 70.00/Additional Child _____(name)
- Single Minor, Junior, Senior: \$150.00/Child Family M,J,S: \$140.00/Additional Child _____(name)

PARTICIPATION FEE AMOUNT: \$ _____

2008 Volunteer Agreement

Robious Athletic Association is a volunteer organization and we depend on all participants to volunteer to benefit the football program. Each family must choose an activity to assist the program during the season. Each team will choose a 'Team Mom' that will assist with organizing and notifying all volunteers of the schedule of duties for each team. For a donation of \$50.00 you can 'Opt-Out' of these volunteer positions.

Please choose two options or 'Opt-Out'

- Concession Stand and related duties (4 required for each team at each home game)
- Official TimeKeeper (2 required for each team)
- Chain-Gang (3 required for each team at each home game)
- Team Mom
- Assistant Coaching
- Fundraising
- HomeGame Field Setups and Teardowns
- HomeComing Support
- Sign me up for anything! I will help where help is needed!

- OPT-OUT \$50.00 (payment required at time of registration)

I, _____ agree to the Participation and Volunteer Agreement for 2008

ANY CHECK THAT IS RETURNED BY ANY FINANCIAL INSTITUTION IS SUBJECT TO A \$50 SERVICE CHARGE, NO REFUNDS AFTER 8/17/08

ROBIOUS ATHLETIC ASSOCIATION USE ONLY			
Amount Received \$ _____	Date Received _____	Check No: _____	By _____
Balance Due \$ _____	Balance Paid \$ _____	Date Paid: _____	By _____



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: _____

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: _____

Please let us know any 'helpful hints' that will help your child feel comfortable at RAA



CHESTERFIELD QUARTERBACK LEAGUE

APPLICATION TO PLAY FOOTBALL

Association _____

CQL USE ONLY

Circle one
 Flag Minor Junior Senior
 6&7 8&9 10&11 12&13

PL OP OPC PW S

Player _____
 Last Name

_____ First Name

_____ MI

Address _____
 Street

_____ Phone Number

_____ City, State, Zip Code

Date of Birth _____

Age (as of July 31st) _____

_____ Elementary School Boundary

_____ School Attending

Did Child Play Last Year? YES NO

If yes, for who _____

I/We, the parents of the above, a candidate for a position on the _____ team, which is a
Association
 Member Association of the Chesterfield Quarterback League, Hereby gives my/our approval of his/her participation in any and all League sponsored 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 Quarterback League, the Organizers, Sponsors, Supervisors, Participants and Persons transporting my/our son/daughter, except to the extent and in the amount covered by accident or liability insurance.

I/We shall furnish a certified Birth Certificate or certified legal proof of birth or other legal proof as may be requested by the League for the above candidate at the time and place of his/her initial weigh-in or at some other time or place designated by the Commissioner.

I/We grant the Commissioner, Chesterfield Quarterback League, permission to verify, if necessary, my/our child's school records pertaining to birth date and residence information only.

Parent/Legal Guardian Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____



Robious Athletic Association Parents' Code of Conduct

As the parent of an athlete who is participating in sports with Robious Athletic Association, my signature indicates that I have read and agree to the following Code of Conduct:

1. I understand that my child should be present at all games and practices. Should my child not be able to attend a game and/or practice, I understand that I am responsible for providing Coaches and Team Moms with as much prior notice as is possible.
2. I understand I am to attend and remain at games and practices whenever possible. In the event that I am unable to attend and remain at a game or practice, it is my responsibility to ensure that a guardian is present in the event of illness, accident, etc.
3. I understand that if I have missed a game or practice that it is my responsibility to contact the Coach/Team Mom regarding any announcements that I may have missed.
4. I will pay all association fees in a timely manner. I understand that these fees are non-refundable.
5. I understand that all uniforms and equipment provided to my child must be properly maintained. Failure to return any and all equipment when due will result in replacement cost penalties up to \$250.00 per player.
6. I will familiarize myself with CQL and RAA bylaws, and will assist my child in understanding the same.
7. I will respect the game officials and Coaches and their authority, and will never question, discuss, or confront game officials or Coaches on the game field.
8. I will request a conference with my child's coach if I believe there is a problem or question. If I do not believe I have received an adequate or acceptable response, then I will follow the association's guidelines by next speaking with the Football Director.
9. I understand that the use of profanity is strictly forbidden at all times.
10. I understand that alcoholic beverages are prohibited at all times.
11. I understand that failure to abide by all rules and guidelines mentioned herein that I will be subject to disciplinary action including, but not limited to:
 - a) Verbal warning by game official, head coach, and/or CQL
 - b) Parental game suspension
 - c) Parental season suspension

Signature _____ Date _____

Signature _____ Date _____