

2007-2008 Robious Basketball Cheering Easy Steps to Register

- Complete Robious Cheerleading Registration Form
- Complete Chesterfield Cheerleading Registration Form
- Provide a copy of Birth Certificate
- Attach check for \$95.00
 Make 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 all information pertaining to 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 BASKETBALL CHEERLEADING REGISTRATION

Instructional (5 - 8yrs) Minor (9 -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 12/31/07)

Elementary School Boundary _____ School Attending 2007 _____

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

Cell Phone: () _____ - _____ Email: _____

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

Cell Phone: () _____ - _____ Email: _____

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

NO REFUNDS AFTER NOVEMBER 16, 2007.

Uniform is Property of RAA. If any uniform is altered you will be charged \$100 for the uniform

****Consent to Participate 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 Cheering 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 Boys Basketball League, Chesterfield Girls Basketball League, Chesterfield Cheering 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 11/05/07

NO REFUNDS AFTER NOVEMBER 16, 2007. If any uniform is altered you will be charged \$100 for the uniform

\$ 95.00/Child After 11/05/07 \$120.00

Total Cost \$ _____

Family Discount : - \$ 10.00/ Per additional Child

_____ (names)

ENCLOSED AMOUNT: \$ _____

****FEE AFTER 11/5/07 \$120.00****

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 CHEERLEADER LEAGUE

MEDICAL FORM

YEAR: _____

COMPLETION OF THIS FORM WILL COVER YOUR CHILD AT ALL CCL EVENTS FOR THE CURRENT YEAR

THIS FORM MUST BE SIGNED IN THREE PLACES INDICATED BY THE "X" NO ONE CAN PARTICIPATE IN A CCL EVENT UNLESS THIS FORM HAS BEEN PROPERLY FILLED OUT AND SIGNED BY A PARENT OR LEGAL GUARDIAN.

Name: _____ Birth Date: _____ Grade in September: _____

Mailing Address: _____ City: _____ St: _____ Zip: _____

Telephone #: () _____ Emergency Contact: _____ Relationship: _____

Home Phone: (804) _____ Business Phone: () _____

If this person cannot be reached, please contact: _____ Relationship: _____

Home Phone: (804) _____ Business Phone: () _____

THIS FORM DOES NOT REQUIRE A PHYSICAL EXAMINATION

Please list all allergies: _____ Please list allergies to medication: _____

Please list any medication which participant is currently taking: _____

Please make any necessary comments concerning physical condition, restrictions of participant, if any, etc.: _____

INSURANCE INFORMATION: Please list name and address of insurance company that covers participant.

Name of Insurance Company: _____ Policy #: _____

Mailing Address: _____ City: _____ St: _____ Zip: _____

Name of Subscriber: _____ Relationship to Participant: _____

_____ Please check this line if participant is NOT covered by an insurance policy. Please be aware that bills will be sent directly to parent or legal guardian.

MEDICAL TREATMENT / AUTHORITY STATEMENT

I, the undersigned parent/guardian, do hereby grant permission for my daughter/son/ward to attend cheerleading events sponsored and conducted by Chesterfield Cheerleader League. In order for my daughter/son/ward to receive the necessary medical treatment in the event of an injury or illness, I hereby authorize Chesterfield Cheerleader League's staff members to obtain medical treatment for my daughter/son/ward for such injury or illness, I hereby hold Chesterfield Cheerleader League and their representatives harmless in the exercise of this authority.

I further acknowledge, understand and agree that in participating in these events there is a possibility of physical injury or illness that my daughter/son/ward is assuming the risk of injury or illness by her/his participation. I assume full financial responsibility for such treatment.

(X) Parent / Legal Guardian: _____ Date: _____

WAIVER & RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the Chesterfield Cheerleaders League's cheerleader sports program and related events and activities, the undersigned:

1. Agree that the parent(s) or legal guardian(s) will instruct the minor participant that prior to participating he or she should inspect the facilities and equipment to be used, and if the participant believes anything unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk and serious injury, including permanent disability and death, and severe social and severe economic losses which might result not only from their own actions, inactions or negligence but the actions, inactions or negligence of others, the rules of play, or the conditions of the premises of any equipment used.
3. Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue Chesterfield Cheerleader League, its affiliated associations, their respective directors, agents, coaches, sponsors, and other employees of the organization, other participants, sponsoring agencies, sponsors advertisers, and, if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releases", from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, property losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases otherwise.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

(X) Parent / Legal Guardian: _____ Date: _____

Printed name of Parent or Guardian: _____ Printed name of participant: _____

Address of Participant: _____ City: _____ St: _____ Zip: _____

PERMISSION FOR USE OF PHOTOGRAPH

Permission is granted to use my daughter's/son's/ward's picture in future advertisement and literature for CHESTERFIELD CHEERLEADER LEAGUE events sponsored and conducted by them.

(X) Parent / Legal Guardian: _____ Date: _____

No one can be admitted to the event/competition unless this form has been properly filled out and signed in THREE places by a parent or legal guardian.