

RAA 2008 Cheering Registration
Steps to Register
Due by July 1, 2008✦

- ❑ Complete RAA Cheerleader Registration Form
- ❑ Complete RAA Medical Care Authorization Form
- ❑ Complete CCL Registration Form
- ❑ Complete RAA Uniform Form
- ❑ Complete RAA Volunteer Form
- ❑ Provide a copy of Birth Certificate: *New Cheerleaders Only!!!*
- ❑ Attach check **payable to: RAA**, with **pages 2,3,5,6** of this packet
✦ Register by **July 1, 2008** \$110.00 afterwards \$120.00 per child

Send all completed forms and checks to:
Robious Athletic Association (RAA)
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. or contact cheering@robiousathletic.com, fax 804-523-4822.

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


www.robiousathletic.com

2008-09 CHEERLEADING FOOTBALL APPLICATION

Flag (5 -7yrs)
 Minor (8-9 yrs)
 Junior (10-11 yrs)
 Senior (12-14 yrs)

RAA USE ONLY

RAA__BC__MD__Rx__CCL__



PLEASE PRINT

Name _____
(Last, First, Middle)

Address _____
(Street, City, State, Zip)

Date Of Birth _____ Age _____ (As of December 31, 2008)

Elementary School Boundary _____ School Attending in 2008-2009 _____

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, Emergency Medical Authorization and Photo Release ****

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 Cheerleader League (CCL), 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 Cheerleader 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, any equipment issued to my child in as good condition as when received except for normal wear and tear.

I/We will furnish a birth certificate for the above named child upon request of the Association representatives, and medical/emergency information. 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.

I/we understand that the Association uses **www.robiousathletic.com** as its official online website. I/We hereby give my/our consent to the possibility of information on my child being posted on this website (pictures, team pages, etc.). **Decline photo consent.**

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

Program Cost per Child †



- [5 - 7] Flag Cheerleader \$ 110.00
- [8 - 9] Minor Cheerleader \$ 110.00
- [10 - 11] Junior Cheerleader \$ 110.00
- [12 - 14] Senior Cheerleader \$ 110.00

† Register by **July 1, 2008 \$110.00** afterwards \$120.00

Sub Total \$ _____

Family Discount: - \$ 10.00/ Per additional Child _____ (names)

ENCLOSED AMOUNT: \$ _____ (Uniforms will not be issued until all fees are paid in full)

A \$50.00 CASH security deposit is required for the 3-piece uniform and will be refunded when it is returned at end of season

ANY CHECK THAT IS RETURNED BY ANY FINANCIAL INSTITUTION IS SUBJECT TO A \$50 SERVICE CHARGE

UNIFORM SIZE: (Please circle one each) Cheerleader's uniform will be ordered according to the size selected below.

TOP: Youth XXS XS S M L XL Adult XXS XS S M L XL

SKIRT: Youth XXS XS S M L XL Adult XXS XS S M L XL

For more uniform sizing details refer to web site <http://gtmsportswear.com/gtm/measurements.asp?id=UN151&catID=CH000>
Or size chart on next page

RAA Coaching Application

I am Interested in being (Circle One) Head Coach, Assistant Coach, Team Assistant Volunteer
I am (Circle One) a New coach, Returning coach (Returning Coach Background #) _____

Name _____ Home Phone: () _____ - _____

Work: () _____ - _____

Address _____ Cell: () _____ - _____

Email: _____

*Chesterfield County requires Background Checks for all coaches.
CCL requires training for all coaches, Classes held in May and August.
Contact cheering@robiousathletic.com for more info.*

RAA Volunteer / Fundraising

Our youth athletic program is a non-profit organization and relies heavily on volunteers and fundraisers to fuel our RAA organizational sport programs for our children. We would like to encourage everyone to participate in fundraising and volunteering in some way this season. We offer two ways to help, one is your time, the other is to "opt out" and contribute a generous donation of \$50.00 to our RAA Cheerleading Program. We greatly appreciate your support. Please indicate below your desire, check one:

Opt-In Volunteer



Opt-OUT option \$50



- Concessions
- Fundraiser
- Homecoming
- Team Assistant
- Pep Rally

ROBIOUS ATHLETIC ASSOCIATION USE ONLY

Amount Received \$ _____ Date Received _____ Check No: _____ By _____
 Balance Due \$ _____ Balance Paid \$ _____ Date Paid: _____ By _____
 Uniform Cash Deposit \$ _____ Balance Due \$ _____ Balance Paid \$ _____ Date: _____ By: _____ Returned: _____ By: _____
 Volunteer? _____ Opt out \$50 Fee Paid _____ Balance Due \$ _____ Date: _____ Rec'd By: _____ Ck# _____

RAA Cheerleader Uniform BOTTOM Skirt

Size Specifications

Product ID: UN151



- Measurements are actual body measurements.
- Skirts have been designed with a stretch waistband which allows for the ultimate in comfort and fit, as well as an extra button for an added size customization (up to 2" per size). A-Line skirt has 1" side seams for alterations for a personalized fit.
- Hips should be measured at the fullest part of the hip.

Hip

Sizes	YXXS	YXS	YS	YM	YL	YXL	S	M	L	XL	XXL
Measurements	22-23.5"	24-25.5"	26-28.5"	29-31.5"	32-34.5"	35-36.5"	31-33.5"	34-37.5"	38-40.5"	41-43.5"	43.5-46.5"

Waist

Sizes	YXXS	YXS	YS	YM	YL	YXL	S	M	L	XL	XXL
Measurements	19.5-21"	21.5-23"	23.5-24.5"	25-27"	27.5-29"	29.5-31"	25-26.5"	27-29"	29.5-31.5"	32-34"	34.5-36"

RAA Cheerleader Uniform TOP shell

- Measurements are actual body measurements.
- Shells feature a stretch back for maximum comfort and fit, as well as 1" side seams that allow for up to 3" in alterations for a customized fit.
- Chest measurement is taken at the fullest part of the bust.

Center Back Length

Sizes	YXXS	YXS	YS	YM	YL	YXL	S	M	L	XL	XXL
Measurements	13"	13.75"	14.75"	15.75"	17"	17.25"	18"	18.5"	19"	20"	21.25"

Chest

Sizes	YXXS	YXS	YS	YM	YL	YXL	S	M	L	XL	XXL
Measurements	20-21.5"	22-23.5"	24-25.5"	26-28"	28-30"	31-33"	30-32"	32-34"	35-37"	38-41"	42-45"

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 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 or procedures, 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 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:

CHESTERFIELD CHEERLEADER LEAGUE

MEDICAL FORM

Robious Athletic Association

YEAR: 2008-09

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

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: () _____ Elementary School Boundary: _____

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.

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 social 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 MEDICAL TREATMENT/AUTHORITY STATEMENT AND WAIVER & RELEASE OF LIABILITY, AND 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: _____

THIS FORM MUST BE SIGNED 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