

Robious Bucs 2009 Baseball Registration Easy Steps to Register

- Complete Robious Baseball Registration Form
- Complete Medical Care Authorization Form
- Complete CBC Registration Form
- Provide a copy of Birth Certificate: *New Players Only!!!*
- Attach check **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

www.robiousathletic.com

2009 BASEBALL APPLICATION

RAA USE ONLY
OP____ OPC____ PW____

- | | |
|--|--|
| <input type="checkbox"/> [4 - 6] T-Ball & Pee-Wee (Coach Pitch) Both Instructional | <input type="checkbox"/> [7 & 8] Pinto (Kid-Pitch) & Shetland (Coach Pitch) |
| <input type="checkbox"/> [9 & 10] Mustang (Competitive) & Yearling (Instructional) | <input type="checkbox"/> [11 & 12] Bronco (Competitive) & Palomino (Instructional) |
| <input type="checkbox"/> [13 & 14] Pony (Competitive) & Stallion (Instructional) | <input type="checkbox"/> [15 & 16] Colt |
| | <input type="checkbox"/> [17 & 18] Senior Colt |

PLEASE PRINT

Name _____
(Last, First, Middle)

Address _____
(Street, City, State, Zip)

Date Of Birth _____ Age _____ (As of April 30, 2008)

Elementary School Boundary _____ School Attending in 2007-2008 _____

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 Baseball Club, 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 Baseball Club, 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.

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 #2 consent

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

Program Cost

Check One:

- | | | |
|--|---------------|-------------------|
| <input type="checkbox"/> [4 - 6] T-Ball | Instructional | \$ 1155.00/Child |
| <input type="checkbox"/> [5 & 6]Pee-Wee (Coach Pitch) | Instructional | \$ 115.00/Child |
| <input type="checkbox"/> [7 & 8] Shetland (Coach Pitch) | Instructional | \$ 115.00 / Child |
| <input type="checkbox"/> [7 & 8] Pinto (Kid-Pitch) | | \$ 125.00/Child |
| <input type="checkbox"/> [9 & 10] Mustang (Competitive) | | \$ 125.00/Child |
| <input type="checkbox"/> [9 & 10] Yearling (Instructional) | | \$ 125.00/Child |
| <input type="checkbox"/> [11 & 12] Bronco (Competitive) | | \$ 125.00/Child |
| <input type="checkbox"/> [11 & 12] Palomino (Instructional) | | \$ 125.00/Child |
| <input type="checkbox"/> [13 & 14] Pony (Competitive) | | \$ 125.00/Child |
| <input type="checkbox"/> [13 & 14] Stallion (Instructional) | | \$ 125.00/Child |
| <input type="checkbox"/> [15 & 16] Colt | | \$ 125.00/Child |
| <input type="checkbox"/> [17 & 18] Senior Colt | | \$ 125.00/Child |

Total Cost \$ _____

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

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

Pony- Sr. Colt: A \$15 security deposit is required for the jersey and will be refunded when the jersey is turned in.

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

UNIFORM SIZE: (Please circle one) Player's uniform will be ordered according to the size selected below. If a different size is requested after order is placed, it will be at the expense of the parent/guardian)

PANTS: *Youth* XS S M L XL *Adult* S M L XL

JERSEY: *Youth* S M L XL *Adult* S M L XL 2XL

Coaching/Volunteer Application

I am Interested in being (Circle One) Manager, Coach, Team Volunteer

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

Division (Circle One):

- | | |
|---|---|
| <input type="checkbox"/> [5 & 6] T-Ball | <input type="checkbox"/> [5 & 6] Pee-Wee (Coach Pitch) |
| <input type="checkbox"/> [7 & 8] Pinto (Kid-Pitch) | <input type="checkbox"/> [7 & 8] Shetland (Coach Pitch) |
| <input type="checkbox"/> [9 & 10] Mustang (Competitive) | <input type="checkbox"/> [9 & 10] Yearling (Instructional) |
| <input type="checkbox"/> [11 & 12] Bronco (Competitive) | <input type="checkbox"/> [11 & 12] Palomino (Instructional) |
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| <input type="checkbox"/> [15 & 16] Colt | |
| <input type="checkbox"/> [17 & 18] Senior Colt | |

Name _____ Home Phone: () _____ - _____

Work: () _____ - _____

Address _____ Cell: () _____ - _____

Email: _____

Chesterfield County requires Background Checks for all coaches and volunteers.

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 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 BASEBALL CLUBS, INC.
2008 REGISTRATION**

Affix CBC Label Here

Player's Name

Birth Date

Street Address

Telephone Number

City, State, Zip

I, the parent or guardian of the above named candidate, do hereby give my approval to his/her participation in any and all of the activities of the Chesterfield Baseball Clubs, Inc. during the current season. In case of injury to my child, I do hereby release, absolve, indemnify, and hold harmless the Chesterfield Baseball Clubs, Inc. (sponsors of the league), team sponsors, supervisors, managers, and assistant managers and/or all of them and waive all claims against any or all of them. The above waiver of damages does not apply to the benefits under the insurance policy.

Each child will be covered by a supplementary group accident insurance policy both during practice and the playing season. Should the above named candidate become a member of the official roster of a team in the Chesterfield Baseball Clubs, Inc. league, I do hereby agree to pay the association/league the cost of participation.

I will furnish, upon request by League Officials, a copy of the birth certificate of the above named candidate.

I agree to return, upon request, the uniform and other equipment issued by the association or league to our child in the same condition as when received, except for normal wear and tear.

ELEMENTARY SCHOOL _____ LEAGUE AGE _____ BOUNDARY _____ (Age as of April 30, 2008)
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THIS FORM MUST BE SIGNED BY ONE PARENT OR GUARDIAN

IS THIS CANDIDATE COVERED BY HEALTH INSURANCE? YES ___ NO ___

SIGNATURE OF PARENT/GUARDIAN

DATE