



Adult Soccer 9v9

\$225 a team

TEAM NAME / SPONSOR: _____

Coach / Team Captain Information:

Name: _____ Phone #: _____

Email: _____

Address: _____

City _____ State _____ ZIP _____

I agree to play with the named team (above) for the 2024 Season according to the rules and regulations governing the league. The coaches and players are expected to act in a responsible and respectful manner. There will be **NO** alcohol, cursing, fighting, drugs, and/or physical nor verbal abuse of players, referees, scorekeepers, fans or coaches. This conduct is to be adhered to before, during, and after all practices, games, and/or tournaments. If these rules are violated, RARO will investigate each case to the fullest and disciplinary action will be taken. If verified, a zero-tolerance policy is in place.

WAIVER FOR PARTICIPANT: I hereby waive and release any and all rights and claims for damages I may have against the Rockbridge Area Recreation Organization (RARO) and its representatives, successors, and assigns for any and all injuries suffered by myself while participating in this league. I have read all league rules and agree to abide by them at all times during the season. I also agree to support the officials and RARO when removing anyone from the premises due to the above stated violation.

	Player's Name (Print)	Signature
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2		
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13		
14		
15		

ROCKBRIDGE AREA RECREATION ORGANIZATION (RARO)
300A White Street, Lexington, VA 24450
Phone: (540) 463-9525
Website: www.rarorec.org

Full Name _____

Complete Mailing Address: _____
(Street Address or Post Office Box Number)

_____, Virginia _____
(City or Town) (Zip Code)

Home Phone: _____ Work/Cell Phone: _____

E-mail address: _____

Age: _____ Date of Birth _____ Gender: () Male () Female

I am a resident (check one) of: Rockbridge Co. _____ Lexington _____ Buena Vista _____

Do you have any medical problems? If so, please explain _____

The supervisors have my permission to call my family doctor in the event of an emergency.

My physician: _____ Phone: _____

The coach or supervisor has my permission in an emergency, when I or my physician cannot be contacted, to arrange for a rescue squad to take me to the emergency room at Stonewall Jackson Hospital at my expense. I do hereby grant permission to participate in the program checked above and release RARO, the coaches or program supervisors from any liability for damages or injuries which might be incurred during the operation of this program. I understand that all RARO coaches are volunteers. No RARO employee or volunteer, RARO or its sponsoring institutions; or any institution or agency whose facilities are used for RARO activities will be held responsible for any injury that might be sustained. If I have any doubts about my physical condition, I assure RARO that I have been examined by a physician prior to the start of the program selected.

Signature

NOTICE: RARO HAS NO MEDICAL INSURANCE COVERAGE OF ANY KIND WHILE PARTICIPATING IN A RARO EVENT. IT IS IMPORTANT THAT YOU HAVE COVERAGE AND REALIZE THERE IS THE POSSIBILITY OF INJURY IN ATHLETIC EVENTS. THIS FORM MUST BE COMPLETED AND FILED BEFORE YOU CAN PARTICIPATE IN ANY RARO PROGRAM. THE COMPLETE OF THIS FORM SIGNIFIES YOUR CONSENT FOR YOU TO PARTICIPATE AND ACKNOWLEDGES THAT RARO PROVIDES NO MEDICAL INSURANCE IN THE EVENT OF AN INJURY.

NAME OF YOUR INSURANCE COMPANY: _____.

Program Philosophy: I understand that the objective of the Rockbridge Area Recreation Organization (RARO) is to provide recreational opportunities that instill good citizenship, good sportsmanship, good will and good fun. RARO athletic programs consequently place primary emphasis on full participation, balanced teams, positive coaching and officiating, and having fun. Competitive spirit is nurtured, but emphasis on winning will not overshadow the goal of providing a healthy, challenging and satisfying experience for all RARO participants.

SIGNATURE _____

DATE _____