



Roanoke Valley Homeschool



Philippians 4:13
I can do all things
through Christ who
strengthens me.

Roanoke Valley Homeschool Recreation, Inc.

REGISTRATION FORM (ALL SPORTS) – REVISED 7.31.10

PLEASE HIGHLIGHT ANY CHANGES FROM LAST REGISTRATION FORM SENT IN I.E. ADDRESS, PHONE#, ETC.

Name of Player: \_\_\_\_\_

Home Address (Include ZIP): \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone / or cell phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parents Name / Guardian: \_\_\_\_\_

Email: \_\_\_\_\_

Any Special Medical Conditions / Medications / Etc. with
regards to this player (please be specific): \_\_\_\_\_

In case of Emergency please contact/relationship: \_\_\_\_\_

Phone of Emergency contact: \_\_\_\_\_

Church you attend: (OPTIONAL)
this can help us with trying to find churches that have soccer fields,
baseball fields or basketball courts that we could use \_\_\_\_\_

Team preference: Please provide top 3 team preferences,
based on team practice location and time, with #1 being the
most preferred. If you absolutely cannot practice on a certain
day or time – please let me know. (If we can only put you on
that team – we will refund your money). If you are good with ANY
day – please state that – THIS WILL PROVIDE US WITH FLEXIBILITY
TO MAKE UP THE TEAMS.

- #1
#2
#3

I ABSOLUTELY CANNOT PRACTICE ON OR AT A
CERTAIN TIME: \_\_\_\_\_

I AM GOOD WITH ANY DAY OR TIME: \_\_\_\_\_

I, as a parent / guardian grant permission for my son/daughter to participate in the above program and release Roanoke Valley
Homeschool Recreation, Inc., and coaches from liability for damages or injuries, which might be incurred during the operation of this
program. I assure he/she is in good physical health as examined by a physician. In the event I cannot be reached I give permission for my
child to receive emergency medical care. I verify that the above information is true and complete to the best of my knowledge.

I represent and warrant that I have the authority to give this release.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

PLEASE MAKE CHECKS PAYABLE TO:
(Fee - \$50 per player, Maximum for family - \$155 / Late fee - \$65 per player, Maximum for family \$180)

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