



Roanoke Valley Homeschool



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

Roanoke Valley Homeschool Recreation, Inc.

REGISTRATION FORM (FOR ALL SPORTS) – REVISED 2/27/10

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 of Emergency contact: _____

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 your top three choices - #1
being your top preference, also PLEASE SPECIFY ANY DAY
YOU ABSOLUTELY CANNOT PRACTICE. IF THAT IS THE
ONLY DAY AVAILABLE WE WILL REFUND YOUR
REGISTRATION – WE WILL DO OUR BEST TO
ACCOMMODATE PREFERENCES. WE WILL PLACE YOU ON
THE TEAM YOU WERE ON IN THE FALL UNLESS YOU
SPECIFY OTHERWISE.

- 1.)
2.)
3.)

I ABSOLUTELY CANNOT PRACTICE ON OR AT A
CERTAIN 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 - \$55 per player, Maximum for family \$160)

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