



Rolla Homeschool Athletic Association

12724 Prairie Lake Rd., Rolla, MO 65401 573-578-0766



Soccer Registration Agreement

This registration form is for the purpose of participation in and the transportation to and from Rolla Homeschool Athletic Association (RHAA) soccer practices, soccer games, and other activities associated with the soccer team. The season runs from July 2018 through October 2018.

Participant Information

Name: _____ Birthdate _____ Current Age _____

Address: _____

Dad's Name: _____ Cell: _____ Email: _____

Mom's Name: _____ Cell: _____ Email: _____

Player's Cell Phone: _____ Home: _____ Email: _____

Other emergency contact: _____ Phone: _____

Are RHAA representatives authorized to approve medical treatment? Yes No

Do you have medical insurance? Yes No

If so, medical insurance company: _____ Policy# _____

Physician: _____ Phone: _____

Does the participant have any medical conditions or limitations that would affect participation in the above mentioned activity (if so, briefly describe) _____

By signing below, the participant (or parent/guardian if participant is a minor) acknowledges and accepts the risk of physical injury associated with participation in the activity described above. Except for gross negligence on the part of RHAA, the participant (or parent/guardian) accepts personal financial responsibility for any bodily or personal injury to person and property, even injury resulting in death, sustained during the activity. Further, the participant (or parent/guardian) promises to hold harmless RHAA, its board, representatives and/or coaches, their heirs, executors, administrators and legal representatives for any injury related to this activity. If a dispute over this agreement or any claim or damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

Signature: _____

Date: _____

(Participant or parent/guardian if participant is a minor)

Parent Participation

RHAA is a volunteer, non-profit organization. We need parents and others to help with the multitude of tasks that must be covered in order for our kids to be able to have a great experience. In addition, we need to raise additional funds. Registration fees cover many of the expenses of the association, but not all. If everyone does something, no one will have to do everything! Please mark areas in which you would be willing to help.

Assistant Coaching

Helping at Practice

Able to Give Rides

Concession/Admissions

Uniform Management

Car Pool Facilitator

Score Board Operator

Score Book Keeper

Stats Keeper

Sports Physical

The RHAA Board requires a parent to certify their child's medical and physical preparedness to participate. Please check one of the following:

- A MSSHSA form signed by your child's physician is attached.
- A signed letter from your child's physician stating that they are medically clear to participate is attached
- Complete the following for your child:

I, _____, parent of _____, affirm that my child is medically and physically capable to participate in the RHAA Athletics Program for the 2018-19 season. I affirm that this statement is true and accurate to the best of my belief.

Parent Signature

Date

Statement of Eligibility

We ask that a parent read & sign the following eligibility statements. Students must meet all three eligibility requirements to be able to play. Check all that apply to the registered student, and then sign and date.

1. My son/daughter is 18 years of age or younger on August 31, 2018
2. My son/daughter lives at home under my authority.
3. My son/daughter is homeschooled (not enrolled fulltime in either public school or a private school)

Since my child meets each one of these eligibility guidelines, they are eligible to compete in RHAA sports for the 2018 season.

RHAA Competitive Team Awareness

I understand that RHAA varsity level teams are competitive in nature. Team members will receive equal practice time, but not necessarily equal game playing time.

Print parent name

Parent Signature

Date

Print player name

Player Signature

Date

Fees

- First Year Soccer Team Player **\$95.00**
- Returning Soccer Team Player **\$65.00**

Payment Date: _____ Cash: _____ Check #: _____ Amount Paid: _____

"Intent to Play" Deposit Paid (**\$20**)