

CVHAA

Central Virginia Homeschool Athletic Association

www.cvhaa.net

SOCCKER REGISTRATION

Player's Name: _____ DOB ___/___/___ Male / Female

Age: _____ Grade: _____ Height: _____

Parent's Name(s): _____

Address: _____
house/apt# Street City zip

Home Phone: _____ Parent's Cell: _____ Parent's E-mail: _____

Player's Cell: _____ Player's E-mail: _____

RELEASE FROM LIABILITY

I give my child _____ (print name) permission to participate in **Central Virginia Homeschool Athletic Association** activities for the _____ - _____ school year. I understand that participation in any athletic activity requires the acceptance of the possible risk of injury. I agree to release and hold harmless the above named organization and its individual leaders from all liability for mishap or injury of any kind to my/our child while under their care or leadership.

FEES:

- The soccer registration fee of \$110.00 is due with this form (mailing address at bottom of form).
- The fee is non-refundable after the 4th season practice.
- A \$25.00 (refundable) uniform deposit is due and payable with this form. This deposit is fully refundable at the end of the season provided the uniform is returned in good condition.

___ I am paying \$_____ registration fee by: Cash or Check # _____

___ I am paying \$_____ uniform deposit by: Cash or Check # _____

BIRTH CERTIFICATE:

For New Players: Please attach a copy of your child's birth certificate with this form.

For Returning Players: Please check to make sure a copy of your child's birth certificate is on file.

___ My child's birth certificate is attached. ___ My child's birth certificate is on file with CVHAA.

I have read this document and agree to all the terms and conditions contained herein. I have read and agree to abide by the Player-Parent Code of Conduct and have submitted the required medical permission form. I confirm that the player named above is homeschooled and eligible to play with CVHAA.

PLAYER'S SIGNATURE: _____ **DATE:** _____

PARENT'S SIGNATURE: _____ **DATE:** _____

*** Please mail registration form & fees to: Wendy Routhier; 6001 Claypoint Rd.; Chesterfield, VA 23832 ***

revised: 1/2010