

FALL BOYS SOCCER REGRISTRATION

Player's Name:		DOB:/	
Player's Age:	Grade:	Height:	
Parent's Name(s):			
City:	State: Z	ip:	
Home Phone:	Cell Phone:	Email:	
PART 1 – RELEASE FROM	<u>1 LIABILITY</u> :		
	(print n		
-	hletic Association activities during t athletic activity requires the accept	•	
· · · · · · · · · · · · · · · · · · ·	ss the above named organization ar	•	
liability for mishap or inj	ury of any kind to my/our child whil	e under their care or leade	ership.
PART 2 – FEES:			
Registration form to be	received by August 12, 2019 (mailin	g address @ bottom of for	m)
each additio	· ·		The fee is \$125 for
The registra	tion fee is non-refundable after the	4 ^{τη} season practice.	
I am paying my registi	ration fee by: Cash Check # _		

PART 3 – BIRTH CERTIFICATE:				
Please attach a copy of your child's birth certificate with this	form for proof of age eligibility.			
My child's birth certificate is attached.				
I have read this document and agree to all the terms and conditions contained herein. I have read and agree to abide the Player – Parent Code of Conduct. I confirm that the player named above is homeschooled and eligible to play with CVHAA. I understand that all fees must be received by CVHAA in order to play for the CVHAA Patriots Soccer Team during the fall 2019 Season.				
STUDENT ATHLETE'S SIGNATURE:	DATE:			
PARENT/GUARDIAN SIGNATURE:	DATE:			
PARENT/GUARDIAN SIGNATURE:	DATE:			
MAIL REGISTRATION FORM AND CHECK, PAYABLE TO CVHA	A TO:			
CVHAA – Patriots Soccer				
Bill Reid				
7900 Kentucky Derby Drive				
Midlothian, VA 23112				
804-245-4374				

The CVHAA organization endeavors to keep all sports team registration fees at a minimum and we are constantly working to combine efforts to keep costs at a reasonable level and equally shared among all student athletes and parents. Your help or offer of assistance with the boys' soccer team is greatly appreciated. We are very excited to have you partner with us for the fall 2018 Patriots Soccer Season.