

# CVHAA

## Central Virginia Homeschool Athletic Association

[www.cvhaa.net](http://www.cvhaa.net)

### BASKETBALL REGISTRATION

Player's Name: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ M/F \_\_\_\_\_

Player's Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Height: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
house/apt# Street City zip

Home Phone: \_\_\_\_\_ Cell ph.: \_\_\_\_\_ 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:

- Registration form must be **received by November 1, 2009**. (mailing address @ bottom of form)
- The **JV/Varsity team** registration fee is **\$300.00**, of which **\$150.00** is due with this form.
- The **Middle School team** registration fee is **\$125.00**, of which **\$75.00** is due with this form.
- The registration fee is non-refundable after the 4<sup>th</sup> season practice.
- A **\$50** (refundable) Uniform Deposit is due with this form. This deposit is fully refundable at the end of the season provided the uniform is returned in good condition.
- A Booster donation is optional. (See explanation of Booster on [www.cvhaa.net](http://www.cvhaa.net).)
- JV/Varsity teams will participate in Fundraiser Activities. (These are optional for Middle School teams.)

\_\_\_ I am paying my JV/Varsity/Middle School Registration Fee of \$ \_\_\_\_\_ + \$50.00 Uniform Deposit by:

Cash  Check # \_\_\_\_\_  PayPal Receipt # \_\_\_\_\_

\_\_\_ I am paying the optional \$50 Booster donation by:

Cash  Check # \_\_\_\_\_  PayPal Receipt # \_\_\_\_\_

### 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 ~OR~ \_\_\_ 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. I confirm that the player named above is homeschooled and eligible to play with CVHAA. **I understand that the balance of my registration fee is due to CVHAA by December 1<sup>st</sup>, and that the team fundraiser activities are mandatory (JV/Varsity only).**

PLAYER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\*\*\*MAIL REGISTRATION FORM & CHECK, PAYABLE TO CVHAA TO: PAM SHAFFER; 15301 RIVER ROAD; CHESTERFIELD, VA 23838\*\*\*\*\*

**\*\*Do Not Submit any forms or fees to Coaches\*\***

Revised 11/09