

ROOKIE RAIDERS REGISTRATION FORM

The Rookie Raiders Volleyball program is open to 6th, 7th and 8th grade students. It will take place from 1:00-3:00 in the J.E.B. Stuart main gym on the following dates:

Sunday, April 11

Sunday, April 18

Sunday, April 25

Sunday, May 2

Registrations are accepted at any of the 4 sessions. Cost remains \$10 regardless of how many sessions student attends.

All registered participants will receive notice of their acceptance and a reminder of the first session by email. You do not have to be attending J.E.B. Stuart in the future to participate in these clinics.

COST: Participation in the Rookie Raiders Volleyball Clinics costs \$10 per participant. Checks or cash will be accepted. Checks payable to Stuart Athletic Boosters.

RETURN TO:

**Stuart Athletic Boosters
C/O Coach Sharon Ponton
Attn: Rookie Raiders
3301 Peace Valley Lane
Falls Church, VA 22044**

(Student) full name: _____

Student Email address: _____

Street address: _____

City: _____ zip code: _____

Parent/guardian name: _____

Email address: _____ Home phone: _____

Work phone: _____ Cell phone: _____

Please list one other person that can be contacted in the event we are unable to reach parent/guardian listed:

Emergency contact name: _____ Phone: _____

I hereby authorize the staff at J.E.B. Stuart High School to use their best judgment in any emergency requiring the use of local emergency facilities. I also certify that my child is physically able to participate in all activities. I assume all risks associated with participating in the program, including, but not limited to: falls and contact with other players. I also fully understand that the camp does not provide medical insurance. Registration requires that a parent/guardian sign below, agreeing that in the case of an accident involving your child, he/she releases the Camp, sponsor, counselors, and directors from any and all liability. Below, please list any allergies, special conditions, or special needs.

PLEASE PRINT:

Player Name _____ Age _____ Grade _____

Address _____

Best Phone Number to reach you _____ Email _____

Medical Insurance Company _____ Policy# _____

Parent/Guardian Signature _____

Contact Sharon Ponton, Varsity volleyball coach at sharon.ponton@fcps.edu with questions.