

Last Name _____

2020 Ohio Eagles Volleyball Registration Form

(Home Educated Athletic Teams)

Paid \$ _____
Ck No. _____
Date _____
Release(s) _____

(for office use only)

Parent / Guardian Information

Father/Guardian Name _____ Cell _____ Work _____

Mailing Address _____

E-mail _____

Mother/Guardian Name _____ Cell _____ Home _____

Mailing Address (if different from above) _____

E-mail _____

Player Information: (PLEASE LIST PLAYERS FROM OLDEST TO YOUNGEST)

Please check the box if we can use your information in our directory & other publications.

Name _____ Age _____ Grade _____ D.O.B. _____

Name _____ Age _____ Grade _____ D.O.B. _____

Name _____ Age _____ Grade _____ D.O.B. _____

Name _____ Age _____ Grade _____ D.O.B. _____

Name _____ Age _____ Grade _____ D.O.B. _____

REGISTRATION FORMS & FEES due by July 7, 2020

Team Fees:

Varsity \$75.00

Jr High \$65.00

Starters Free

Grade Divisions

Varsity
10th -12th grade

Junior High
7th-9th grade

Starters
4th, 5th and 6th grades

Checks should be made payable to OHIO EAGLES and mailed to:

David Nitzsche 605 TWP Rd. 51 E Rushsylvania, Ohio 43347

OHIO HEAT FAMILY COMMITMENT

The Ohio Eagles Volleyball program requires commitment to practices, games, volunteering, and travel.

We rely on volunteers to staff the many positions that are required to run a successful program. If your child participates in the Ohio Eagles volleyball program, we expect you to also serve the program in a variety of ways. There will be a signup sheet passed around at the beginning of the season that you will need to volunteer for an announced number of items. These positions will include, but are not limited to:

- Concessions
- Running Scoreboard
- Fair Clean-Up
- Sportswear Sales Mgmt.
- Recording Stats
- Admissions
- Fund Raising
- Team Picture Coordinator
- Opening/ Setting Up Gym
- Closing / Cleaning Up Gym
- Program Mgmt. & Ad Sales
- Line Judges

We need your help...

Thank you!

UNIFORM LEASE AGREEMENT

Families are expected to keep uniforms in good condition, including regular cleaning....please follow cleaning instructions. Uniforms must be returned at the end of each season...undamaged. Failure to do so will result in a \$50.00 uniform replacement charge.

ELIGIBILITY REQUIREMENTS

Your child is eligible to participate in the Ohio Eagles volleyball program if all of the following are true.

Your child:

1. Lives at home
2. Has not graduated from High School
3. Is participating in a home-centered, parent or guardian-directed educational program
4. Is not completing more than 49% of his/her coursework at a public or private, elementary or secondary school

PARENTAL AGREEMENTS

I hereby certify that:

1. I give permission for my child to participate in the Ohio Eagles volleyball program. I absolve the Ohio Eagles from liability concerning my child. I understand that the Ohio Eagles reserves the right to dismiss any player who fails to uphold the established regulations and discipline or whose financial obligations remain unpaid.
2. My child is being educated at home and/or meets the Ohio Eagles eligibility requirements.
3. I have read the Ohio Eagles Statement of Faith and understand that it is the foundation of the organization's belief and practice.
4. I have read the Ohio Eagles Code of Conduct and agree to support and abide by it.
5. I will serve the organization and meet the number of required volunteer spots asked of the team.

Parent / Legal Guardian Signature _____ Date Signed _____

PLAYER STATEMENT

I hereby certify that:

1. I have read the Ohio Eagles Statement of Faith and understand that it is the foundation of the organization's belief and practice.
2. I am not involved in any activity that would reflect negatively on the team or the Lord Jesus, and I respect the God-given authority of my parents.
3. I have read the Ohio Eagles Code of Conduct and agree to support and abide by it.

Player Signature

Date

Player Signature

Date

Player Signature

Date

Player Signature

Date

Player Signature

Date