



2023

Ohio Eagles Volleyball Registration Form
(Home Educated Athletic Teams)
Parent / Guardian Information

Paid \$ _____
Via: _____
Date _____
Release(s) _____
(for office use only)

Name: Primary Contact/Guardian Relationship Phone# (Cell) Phone # (other) Email

Mailing Address

Name: Other Contact/Guardian Relationship Phone# (Cell) Phone # (other) Email

Mailing Address

Additional Emergency Contact Relationship Phone# (Cell) Phone # (other)

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

Name _____ Age ____ Grade ____ M/F _____ Fee \$ _____
Player 1 full price

Name _____ Age ____ Grade ____ M/F _____ Fee \$ _____
Player 2 10% discount

Name _____ Age ____ Grade ____ M/F _____ Fee \$ _____
Player 3 20% discount

Name _____ Age ____ Grade ____ M/F _____ Fee \$ _____
Player 4 20% discount

REGISTRATION FORMS & FEES due by **July 18, 2023** **Early Bird? ____ Total Due \$ _____
[Fees can be paid by Check, Venmo or CashApp] Y/N

venmo @ohioeagles || **Cash App** \$ohioeagles || Paying via: _____
Venmo/Cash App/Check

Make checks payable to: **Ohio Eagles** and Mail to: **Jeremy Staley 1075 Lawrence Rd Harrod, OH 45850**

EARLY BIRD DISCOUNT - Deduct 10% from family total if PAID/Postmarked by **June 30th

GRADE DIVISIONS AND FEE STRUCTURE

Teams	1st Player (full fee)	2nd Player (10% disc.)	3rd - 4th Players (20% disc.)	5+ FREE
VARSITY 10 th -12 th Grade	\$ 85.00	\$ 76.50	\$ 68.00	FREE
JUNIOR HIGH 6 th -9 th Grade	\$ 75.00	\$ 67.50	\$ 60.00	FREE
STARTERS 5 th Grade & under	FREE	FREE	FREE	FREE

Families with multiple players: Full fee is paid for oldest player, discounts will go down from there. Example, if you have a Varsity Player and 2 JH Players– Full fee for Varsity, 10% discount for 1st JH Player and 20% discount for 2nd JH Player.

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 | ● Recording Stats | ● Opening/ Setting Up Gym |
| ● Running Scoreboard | ● Admissions | ● Closing / Cleaning Up Gym |
| ● Fair Clean-Up | ● Fund Raising | ● Program Mgmt. & Ad Sales |
| ● Sportswear Sales Mgmt. | ● Team Picture Coordinator | ● 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/basketball program if all of the following are true. Your child:

- | | |
|---------------------------------------|---|
| 1. Lives at home | 3. Is participating in a home-centered, parent or guardian-directed educational program or has prior director approval. |
| 2. Has not graduated from High 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 and my player(s) have read the Ohio Eagles Statement of Faith and understand that it is the foundation of the organization's belief and practice.
4. I and my player(s) 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.
6. My player(s) are not involved in any activity that would reflect negatively on the team or the Lord Jesus and will respect the God-given authority of their parents.

Parent / Legal Guardian Signature _____ Date Signed _____



EMERGENCY AND MEDICAL RELEASE FORM
Basketball & Volleyball Seasons 2023-2024
PLAYER INFORMATION

Name _____ Age ____ Grade ____ D.O.B. _____ M/F _____
Player 1

Blood Type (if known) _____ Tetanus Shot (Current) _____ *Known Allergies (or other Important Info) _____ *Medications _____

Name _____ Age ____ Grade ____ D.O.B. _____ M/F _____
Player 2

Blood Type (if known) _____ Tetanus Shot (Current) _____ *Known Allergies (or other Important Info) _____ *Medications _____

Name _____ Age ____ Grade ____ D.O.B. _____ M/F _____
Player 3

Blood Type (if known) _____ Tetanus Shot (Current) _____ *Known Allergies (or other Important Info) _____ *Medications _____

Name _____ Age ____ Grade ____ D.O.B. _____ M/F _____
Player 4

Blood Type (if known) _____ Tetanus Shot (Current) _____ *Known Allergies (or other Important Info) _____ *Medications _____

**List additional Allergies/medications on "Additional info Section Below"*

PARENT / GUARDIAN INFORMATION

Primary Contact/Guardian _____ Relationship _____ Phone# (Cell) _____ Phone # (other) _____

Other Contact/Guardian _____ Relationship _____ Phone# (Cell) _____ Phone # (other) _____

Additional Emergency Contact _____

Relationship _____ Phone# (Cell) _____

Preferred Medical Facility _____

PARENT CERTIFICATION AND AGREEMENT

The above-named student athlete is granted permission to participate in the Ohio Eagles volleyball & basketball program for the current year. My child and I are aware of the potential bodily injury and additional risks that are involved in participating in volleyball & basketball. I assume all risks associated with participating in this sport. All such risks to my child are known and understood by me and the child. I waive any legal claim against coaches, board members, other parents or those associated with these athletic activities in the event my child is injured while participating in those activities, travel to and from the same, or any other team activity during the season.

I will provide my own health and accident insurance coverage for my child.

I authorize the coach to provide any necessary emergency first aid to my child. In the case of serious injury, I further authorize qualified medical personnel to render emergency treatment to my child. This authorization is granted only if I cannot be reached, and a reasonable effort has been made to contact me.

Parent / Guardian Signature _____

Date _____

EMERGENCY AND MEDICAL RELEASE FORM
ADDITIONAL PLAYER INFORMATION

List any additional allergies or other important information about your player(s). Make sure to list players name with the information.

ADDITIONAL PLAYER EMERGENCY AND MEDICAL INFORMATION

Name _____ Age ____ Grade ____ D.O.B. _____ M/F _____
Player 5

Blood Type (if known) _____ Tetanus Shot (Current) _____ *Known Allergies (or other Important Info) _____ *Medications _____
Team: _____

Additional information:

Name _____ Age ____ Grade ____ D.O.B. _____ M/F _____
Player 6

Blood Type (if known) _____ Tetanus Shot (Current) _____ *Known Allergies (or other Important Info) _____ *Medications _____
Team: _____

Additional information:

Name _____ Age ____ Grade ____ D.O.B. _____ M/F _____
Player 7

Blood Type (if known) _____ Tetanus Shot (Current) _____ *Known Allergies (or other Important Info) _____ *Medications _____
Team: _____

Additional information:

Name _____ Age ____ Grade ____ D.O.B. _____ M/F _____
Player 8

Blood Type (if known) _____ Tetanus Shot (Current) _____ *Known Allergies (or other Important Info) _____ *Medications _____
Team: _____

Additional information: