



Membership Registration

Membership Type: Single \$ 10
Ea. Additional Family Member \$ 5

Have you ever been a RISE member?

If known, please enter former RISE Membership Number:

Last Name	First Name	M.I.	Date of Birth	Gender

Additional Family Members

Last Name	First Name	M.I.	Date of Birth	Gender

Street Address

City	State	Zip Code
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Home Phone Number: Work Phone Number:

Email Address: Cell Phone Number:

Team Name(s):

Age Group/Division(s):

Visit us on the Web at www.RISEindoor.com

Emergent Contact Information

Emergency Contact Name: Emergency Contact Phone Number:

Do you have Medical Insurance?

Health Insurance Company:

Doctor's Name: Doctor's Phone Number:

**Please mail to: RISE 2300 Oak Lake Blvd., Midlothian, VA 23112
or
Fax to: 804-744-0081**