



2016-2017 Individual Enrollment Application – Minor Players

USA Rugby Membership Services

2500 Arapahoe Ave., Suite 200, Boulder, CO 80302

Fax: 303-539-0311 Phone #: 303-539-0300

ENROLLMENT INFORMATION – PLEASE PRINT LEGIBLY

☐ Previously Registered with USA Rugby – CIPP # _____ ☐ New Participant for 2016-2017
Club Name (Full Official Name)**: _____ Club ID (if known): _____
Date of Birth (mm/dd/yyyy): ____ / ____ / ____ Gender: ☐ Male ☐ Female
First Name: _____ Last Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: (_____) _____
E-mail address: _____ (REQUIRED: USA Rugby use only.)

ENROLLMENT CLASSIFICATION AND ANNUAL FEES – CHECK ONE ONLY**

- ☐ **Senior Player** – Affiliated with a senior men's or women's team.....\$45.00 \$ _____
☐ **Collegiate Player** - Affiliated with a collegiate men's or women's team.....\$40.00 \$ _____
☐ **High School Player** - Affiliated with a high school team.....\$30.00 \$ _____
☐ **Youth (Contact) Player** - Affiliated with a youth team.....\$20.00 \$ _____
☐ **Rookie Rugby Youth (Non-Contact) Player** - Affiliated with a Rookie Rugby team.....\$5.00 \$ _____
☐ **Fan- Join the Eagle Supporters Club!**\$25.00 \$ _____

- ☐ **TU/GU/Conference/SBRO Fee** – I have included the following fee that players in my
TU/GU/Conference/SBRO must pay as part of registration Rugby Texas HS \$55.00;
..... Youth Contact \$30.00; Rookie Rugby \$5.00 \$ _____

Processing fee \$ 5.00
All applications sent to USA Rugby for processing require a \$5.00 processing fee.

TOTAL INDIVIDUAL ENROLLMENT FEES..... \$ _____

METHOD OF PAYMENT – PLEASE WRITE NUMBERS CLEARLY

☐ Organization Check ☐ Personal Check Check Number # _____ ☐ Invoice (include Request for Invoice Form)
☐ Visa ☐ MasterCard Name as it appears on credit card: _____
Zip code of billing address for card holder: _____
Credit Card Number: _____ Security Code: _____ Expires ____/____/____

SIGNATURE – Your application will not be processed without a signature.

I hereby affirm that the above information is true and correct, and that I have read and agree to the terms of the waiver on back of this form, and that if registering as a coach I consent to a background check. **Please note that your USA Rugby membership is not complete until your club has a signed copy of your participation waiver.**

Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Incomplete or unsigned forms cannot be processed.
Send signed original form to USA Rugby - Retain a photocopy for your records.
Please allow 2 weeks for processing.

- MINOR (PARTICIPANTS UNDER 18) -

USA RUGBY PARTICIPATION AGREEMENT AND WAIVER AND RELEASE OF LIABILITY

PLEASE READ CAREFULLY BEFORE SIGNING. THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS AND ASSUMPTION OF THE RISKS AGREEMENT.

This Participation Agreement and Waiver and Release of Liability is entered into between the undersigned "Parent" or "Guardian" and the minor participant "Participant" and USA Rugby, its member unions, clubs, organizations, affiliates, partners, sponsors, vendors, directors, officers, employees, volunteers, members, agents, contractors, contracted entities and facilities and the owners and lessors thereof, hereinafter referred to as "USA Rugby" or collectively as "Releasees").

In consideration for the privilege of participation of the Participant in USA Rugby activities, Participant, Parent or Guardian acknowledge and agree as follows:

1. Participation in the activities of USA Rugby, including but not limited to warm-up, training, practice, games, clinics, travel, and social events (referred to herein as the "Activities"), includes participation in a full-contact sport, requires good health and fitness and can be **HAZARDOUS AND PRESENT A DANGER TO PARTICIPANT**. Participant and Parent or Guardian believe the Participant is qualified to participate in Activities, and if at any time the Participant, Parent or Guardian believe conditions to be unsafe, he/she will immediately discontinue further participation in the Activities _____. _____, _____ INITIAL HERE
2. Participation in Activities exposes Participant to **RISKS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH**. Risks may arise out of contact and/or participation with other participants, spectators, equipment, field, facility and/or fixed objects; falls, collisions, rough play, and other mishaps; exposure to adverse weather conditions and/or high altitude; flaws and defects in equipment and facilities; irregular field conditions; and negligent field maintenance, negligent officiating, negligent coaching and negligent participation. Risks may be caused by the Participant's own actions, or inaction, the actions or inaction of others participants, the condition of the facilities in which the Activities take place, and/or **THE NEGLIGENCE OF THE "RELEASEES."** Some Risks cannot be predicted or controlled. There may be other risks and social and economic losses either not known to me or not readily foreseeable at this time. _____, _____, _____ INITIAL HERE
3. Assumption of the Risks. **I CONSENT TO PARTICIPATION IN THE ACTIVITIES AND FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES** incurred as a result of such participation. _____, _____, _____ INITIAL HERE
4. Waiver and Release of Liability. In consideration for the privilege of the Participant's participation in the Activities, each undersigned hereby **RELEASES, DISCHARGES, COVENANTS NOT TO SUE, AND AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS RELEASEES** from any and all liability, demands, losses, medical expenses, lost opportunities, damages or attorneys fees and costs stemming from any or all claims for negligence, expressed or implied warranty, contribution, and indemnity, and/or claims of negligent rescue operations, first aid, and emergency care, to the broadest extent permitted by applicable law, including C.R.S. § 13-22-107, suffered by the Participant, Parent or Guardian or incurred on his/her account with respect to the Participant's personal injury and other injury or harm, disability, and/or death, or property damage, arising directly or indirectly from the Participant's participation in Activities, as caused or alleged to be caused in whole or in part by the Releasees or any of them, and further agrees that if, despite this release, the Participant or any other person makes a claim on the Participant's behalf against any of the Releasees, **THE UNDERSIGNED WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LIABILITY, LITIGATION EXPENSES, ATTORNEY FEES, LOSSES, DAMAGES OR COSTS ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM, WHETHER ASSERTED BY THE UNDERSIGNED, THE PARTICIPANT, OR ANOTHER PERSON.** _____, _____, _____ INITIAL HERE
5. Governing Law, Venue and Jurisdiction: The undersigned understands and agrees that this document is intended to be as broad and inclusive as permitted under applicable law and shall be governed by Colorado law. In the event of a dispute, the exclusive venue and jurisdiction for any lawsuit arising out of such dispute shall be the state court of Boulder County, or the federal courts located in Denver, Colorado. _____, _____, _____ INITIAL HERE
6. Severability: If any provision of this document is determined to be invalid for any reason, such invalidity shall not affect the validity of any of the other provisions, which other provisions shall remain in full force and effect as if this document had been executed with the invalid provision eliminated. _____, _____, _____ INITIAL HERE

THE UNDERSIGNED PARTICIPANT AND PARENT AND/OR GUARDIAN HEREBY CERTIFY THAT PARTICIPANT IS UNDER 18 YEARS OLD, THAT I HAVE COMPLETELY READ AND UNDERSTAND THIS AGREEMENT AND ITS TERMS. THAT PRIOR TO SIGNING THIS AGREEMENT, I HAVE HAD THE OPPORTUNITY TO ASK ANY QUESTIONS ABOUT THIS AGREEMENT. I AM AWARE, BY SIGNING THIS AGREEMENT I ASSUME ALL RISKS AND WAIVE AND RELEASE CERTAIN RIGHTS THAT I AND EACH OF MY HEIRS, NEXT OF KIN, FAMILY, RELATIVES, GUARDIANS, CONSERVATORS, EXECUTORS, ADMINISTRATORS, TRUSTEES AND ASSIGNS MAY HAVE AGAINST RELEASEES.

Parent/Guardian Signature

Printed Name

Date

I AM A PARENT/GUARDIAN OF THE PARTICIPANT, AND I ATTEST THAT I HAVE LEGAL RESPONSIBILITY OVER THE PARTICIPANT, AND, MY SIGNATURE IS SUFFICIENT TO CONSENT TO THE PARTICIPATION OF THE PARTICIPANT IN THE ACTIVITIES AND TO ENTER INTO THIS AGREEMENT FOR AND ON BEHALF OF THE PARTICIPANT.

Parent/Guardian Signature

Printed Name

Date

Witness

Printed Name

Date

*****PLEASE PRINT, INITIAL, SIGN AND RETURN TO YOUR AFFILIATED CLUB*****

- MINOR (PARTICIPANTS UNDER 18) -

USA RUGBY (MINOR) USA RUGBY RULES ACKNOWLEDGEMENT

1. The Minor will abide by all International Rugby Board, USA Rugby, territorial and local area union rules and regulations, including the arbitration procedures therein, for any dispute regarding the Minor's eligibility or right to participate in, USA Rugby-sponsored and -sanctioned activities and events, as set forth in the Bylaws of USA Rugby, as they are amended on a periodic basis, which are available on the USA Rugby web site (www.usarugby.org).
2. I affirm that the Minor is not suspended or banned from play or participation by any club, local area union, territorial union, or national union, and I authorize USA Rugby to verify the Minor's citizenship status with the appropriate governmental agencies.
3. I am aware that USA Rugby has the right to revoke the Minor's CIPP enrollment, and therefore his/her eligibility to play or coach, in the event of any violation of the aforementioned statement.

I HAVE CAREFULLY READ THIS ACKNOWLEDGMENT AND BY SIGNING BELOW AGREE TO ALL OF ITS TERMS. I SIGN THIS DOCUMENT VOLUNTARILY AND WITH FULL UNDERSTANDING OF ITS TERMS AND LEGAL SIGNIFICANCE. I AM A PARENT/GUARDIAN OF THE MINOR, AND I ATTEST THAT I HAVE LEGAL RESPONSIBILITY OVER THE MINOR, AND FURTHER ATTEST THAT, IF I AM THE SOLE PARENT/GUARDIAN SIGNING BELOW, MY SIGNATURE IS SUFFICIENT TO CONSENT TO THE PARTICIPATION OF THE MINOR IN THE ACTIVITIES AND TO ENTER INTO THIS AGREEMENT ON BEHALF OF THE MINOR.

PROVIDE NAME OF MINOR:

Parent/Guardian Signature

Printed Name

Date

Parent/Guardian Signature

Printed Name

Date

*****PLEASE PRINT, INITIAL, SIGN AND RETURN TO YOUR AFFILIATED CLUB*****

All clubs are required to maintain the signed waivers & releases in their possession for a minimum of three (3) years and provide to USA Rugby at any time upon request.

For more information about USA Rugby's Liability Insurance protection, please visit:
www.usarugby.org.

USA RUGBY RELEASE OF LIABILITY

I ACKNOWLEDGE THAT BY SIGNING THIS DOCUMENT, I AM AGREEING TO RELEASE THE RELEASED PARTIES FROM LIABILITY. I HAVE THEREFORE BEEN ADVISED TO READ THIS DOCUMENT CAREFULLY BEFORE SIGNING IT.

This Participation Agreement and Waiver and Release of Liability is entered into by the undersigned "Participant" in favor of USA Rugby, its member unions, clubs, organizations, affiliates, partners, sponsors, vendors, directors, officers, employees, volunteers, members, agents, contractors, contracted entities and facilities and the owners and lessors thereof, (hereinafter referred to as "USA Rugby" or collectively as the "Released Parties").

I understand that participation in USA Rugby activities is a privilege but not a right. In consideration for the privilege of participation in USA Rugby activities, I and my Parent/Guardian, if applicable, acknowledge and agree as follows:

1. Participation in the activities of USA Rugby, including but not limited to warm-up, training, practice, games, clinics, travel, and social events (referred to herein as the "Activities"), includes participation in a full-contact sport, requires good health and fitness and can be **HAZARDOUS AND PRESENT A DANGER TO ME**. I believe I am qualified to participate in the Activities, and if at any time I believe the conditions to be unsafe, I will immediately discontinue further participation in the Activities ____ INITIAL HERE
2. Participation in Activities exposes me to **RISKS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH**. Risks may arise out of contact and/or participation with other participants, spectators, equipment, field, facility and/or fixed objects; falls, collisions, rough play, and other mishaps; exposure to adverse weather conditions and/or high altitude; flaws and defects in equipment and facilities; irregular field conditions; and negligent field maintenance, negligent officiating, negligent coaching and negligent participation. Risks may be caused by my own actions, or inaction, the actions or inaction of others participants, the condition of the facilities in which the Activities take place, and/or **THE NEGLIGENCE OF THE "RELEASED PARTIES."** There may be other risks and social and economic losses either not known to me or not readily foreseeable at this time. ____ INITIAL HERE
3. Assumption of the Risks. **I CONSENT TO PARTICIPATION IN THE ACTIVITIES AND FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES** incurred as a result of such participation. ____ INITIAL HERE
4. Waiver and Release of Liability. In consideration for the privilege of my participation in the Activities, I hereby **RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS RELEASED PARTIES** from any and all liability, demands, losses, medical expenses, lost opportunities, damages or attorneys fees and costs stemming from any or all claims for negligence, expressed or implied warranty, contribution, and indemnity, and/or claims of negligent rescue operations, first aid, and emergency care, to the broadest extent permitted by applicable law, including C.R.S. § 13-22-107 if I am a Minor, suffered by me and incurred on my account with respect to my personal injury and other injury or harm, disability, and/or death, or property damage, arising directly or indirectly from my participation in Activities, as caused or alleged to be caused in whole or in part by the Released Parties or any of them, and further agree that if, despite this Release, I or any other person makes a claim on my behalf against any of the Released Parties, unless, and to the extent, prohibited by law, **I AND MY PARENT/GUARDIAN, IF APPLICABLE, WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASED PARTIES FROM ANY LIABILITY, LITIGATION EXPENSES, ATTORNEY FEES, LOSSES, DAMAGES OR COSTS ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM, WHETHER ASSERTED BY ME, MY PARENT/GUARDIAN, IF APPLICABLE, OR ANOTHER PERSON.** ____ INITIAL HERE
5. Governing Law, Venue and Jurisdiction: I understand and agree that this document is intended to be as broad and inclusive as permitted under applicable law and shall be governed by Colorado law. In the event of a dispute, the exclusive venue and jurisdiction for any lawsuit arising out of such dispute shall be the state court of Boulder County, or the federal courts located in Denver, Colorado. ____ INITIAL HERE
6. Severability: If any provision of this document is determined to be invalid for any reason, such invalidity shall not affect the validity of any of the other provisions, which other provisions shall remain in full force and effect as if this document had been executed with the invalid provision eliminated. ____ INITIAL HERE

I HEREBY CERTIFY THAT I HAVE COMPLETELY READ AND UNDERSTAND THIS AGREEMENT AND ITS TERMS. PRIOR TO SIGNING THIS AGREEMENT, I HAVE HAD THE OPPORTUNITY TO ASK ANY QUESTIONS ABOUT THIS AGREEMENT. I AM AWARE, BY SIGNING THIS AGREEMENT, THAT I ASSUME ALL RISKS AND WAIVE AND RELEASE CERTAIN RIGHTS THAT I AND EACH OF MY HEIRS, NEXT OF KIN, FAMILY, RELATIVES, GUARDIANS, CONSERVATORS, EXECUTORS, ADMINISTRATORS, TRUSTEES AND ASSIGNS MAY HAVE AGAINST RELEASED PARTIES. THIS RELEASE SHALL BE EFFECTIVE AND BINDING UPON ME. I FURTHER REPRESENT THAT I AM AT LEAST 18 YEARS OF AGE OR, IF I AM UNDER THE AGE OF 18, THAT MY PARENT OR GUARDIAN HAS SIGNED THIS FORM IN THE "CONSENT" SECTION BELOW.

Participant Signature Printed Name Date

Witness Printed Name Date

CONSENT OF PARENT/GUARDIAN FOR PARTICIPANTS UNDER 18

I REPRESENT THAT I AM THE PARENT/GUARDIAN OF THE UNDERSIGNED PARTICIPANT, WHO IS UNDER 18 YEARS OF AGE. I HAVE READ THE ABOVE RELEASE AND AM FULLY FAMILIAR WITH THE CONTENTS THEREOF. IN CONSIDERATION FOR ALLOWING MY CHILD/WARD TO PARTICIPATE IN ACTIVITIES, I HEREBY CONSENT TO THE FOREGOING ON BEHALF OF MY CHILD/WARD AND AGREE THAT THIS RELEASE SHALL BE BINDING UPON ME, MY CHILD/WARD, HEIRS, LEGAL REPRESENTATIVES AND ASSIGNS.

Parent/Guardian Signature	Printed Name	Date
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Witness	Printed Name	Date
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USA RUGBY RULES ACKNOWLEDGEMENT

1. I understand and agree to abide by all International Rugby Board, USA Rugby, territorial and local area union rules and regulations, including the arbitration procedures therein, for any dispute regarding my eligibility or right to participate in, USA Rugby-sponsored and USA Rugby-sanctioned activities and events, as set forth in the Bylaws of USA Rugby, as they are amended on a periodic basis, which I understand are available on the USA Rugby website (www.usarugby.org).
2. I affirm that I am not suspended or banned from play or participation by any club, local area union, territorial union, or national union, and I authorize USA Rugby to verify my citizenship status with the appropriate governmental agencies.
3. I am aware that USA Rugby has the right to revoke my membership registration and therefore my eligibility to play or coach, in the event of any violation of the aforementioned statement.

I HAVE READ THIS ACKNOWLEDGMENT AND FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. IN CONSIDERATION FOR THE PRIVILEGE OF PARTICIPATION IN USA RUGBY ACTIVITIES, I FURTHER REPRESENT THAT I AM AT LEAST 18 YEARS OF AGE OR, IF I AM UNDER THE AGE OF 18, THAT MY PARENT/ GUARDIAN HAS SIGNED THIS FORM IN THE SECTION BELOW.

Participant Signature	Printed Name	Date
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CONSENT OF PARENT/GUARDIAN FOR PARTICIPANTS UNDER 18

I REPRESENT THAT I AM THE PARENT/GUARDIAN OF THE UNDERSIGNED PARTICIPANT, WHO IS UNDER 18 YEARS OF AGE. I SIGN THIS DOCUMENT VOLUNTARILY AND WITH FULL UNDERSTANDING OF ITS TERMS AND LEGAL SIGNIFICANCE. I ATTEST THAT, IF I AM THE SOLE PARENT/GUARDIAN SIGNING BELOW, MY SIGNATURE IS SUFFICIENT TO CONSENT TO THE PARTICIPATION OF THE MINOR IN THE ACTIVITIES AND TO ENTER INTO THIS AGREEMENT ON BEHALF OF THE MINOR.

PROVIDE NAME OF MINOR:

Parent/Guardian Signature	Printed Name	Date
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Parent/Guardian Signature	Printed Name	Date
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*****PLEASE PRINT, INITIAL, SIGN AND RETURN TO YOUR AFFILIATED CLUB*****

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For more information about USA Rugby's Liability Insurance protection, please visit:
www.usarugby.org.

USA RUGBY WAIVER FOR UNDER 15 PLAYERS ENROLLED IN HIGH SCHOOL TO PARTICIPATE IN HIGH SCHOOL OR UNDER 19 RUGBY (Effective May 2013)

THIS WAIVER MAY NOT BE USED FOR MIDDLE SCHOOL PLAYERS TO PLAY ON HIGH SCHOOL OR UNDER 19 RUGBY TEAMS. USA RUGBY'S ELIGIBILITY RULES PROHIBIT ANY PLAYER THAT IS **NOT** ENROLLED IN HIGH SCHOOL OR OF HIGH SCHOOL AGE TO PLAY FOR A HIGH SCHOOL OR UNDER 19 TEAM OR CLUB.

High School Rugby and Under 19 Rugby is defined as: Rugby played between players enrolled in high school or of high school age. These teams must be registered with USA Rugby as 'High School Teams/Clubs'. This includes high school single school, multi-school, community club teams and teams made primarily of High School Players.

Policy:

No high school player, under the age of 15 shall train, practice, play, or be eligible to play High School or Under 19 Rugby without having first completed all applicable portions of this agreement. Completed agreements must be submitted to player's club and available for review upon request of any match opponent or administrator.

As per USA Rugby Eligibility Regulations, the Undersigned consent to allow the player listed below to play High School or Under 19 Rugby (other than in front row positions); and also agree to accept all responsibility and risks associated with playing in High School or U19 Rugby with players who may be stronger and more physically developed than the player. The Undersigned confirm that the player has an appropriate understanding of the physical attributes required of, and the risks to players, playing High School or Under 19 Rugby, and that the player has the requisite skills and experience to play High School or Under 19 Rugby.

We, the undersigned player, parent or guardian, and coach, by signing this agreement, agree that this document constitutes the required written agreements and consents required by the USA Rugby Policy for Under 15s Playing High School or U19 Rugby, thereby allowing the following player to play High School or U19 Rugby.

Player Name (Must be in High School)	USA Rugby Registration#	Signature	Date
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Coach Name	USA Rugby Registration#	Signature	Date
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Parent or Legal Guardian Name	Signature	Date
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EMERGENCY INFORMATION/ MEDICAL RELEASE FORM

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Legal Guardian: _____ Emergency Contact Phone Number: (____) _____

Date of Birth: ____/____/____ Age: _____ American Citizen (Yes/No): _____

In order to compete in rugby, all players **MUST** undergo a physical evaluation and seek health/medical insurance coverage with a requirement of \$1000, 000.00 as required by the **WAIVER of LIABILITY and ELIGIBILITY FORM**. Rugby is a contact sport and **RISKS OF SERIOUS INJURY DO EXIST** including permanent disability, paralysis and death; these risks and dangers may be caused by a participant's actions or inaction's, action or inaction's of others in the Activity, or the condition in which the Activity takes place. Emergency information provided by the participant and his/her parent or legal guardian is essential in case of an accident or injury. The signature below confirms that all information provided is complete and accurate.

Parent/Legal Guardian Signature: _____ Date ____/____/____

Athlete Signature: _____ Date ____/____/____

MEDICAL EMERGENCY AND INSURANCE INFORMATION

Name of Physician: _____ Physician Phone Number: (____) _____

Name/Relation of Emergency Contact: _____ Contact Phone Number: (____) _____

Insurance Provider: _____ Group Number: _____

Policy Number: _____ Known Allergic Reactions: _____

Additional Major Medical Concerns: _____

PARENTAL CONSENT AND IDEMNIFICATION AGREEMENT

I, the minor's parent and/or legal guardian authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed by available medical staff and/or a licensed physician when deemed necessary or advisable by appointed representatives in case of my absence. I waive my right of informed consent to such treatment and release from any litigation expenses, attorney fees, loss liability, and damage or cost any Releasees may incur as the result of any such claim.

Parent/Legal Guardian Signature: _____ Date: ____/____/____



MEDICAL HISTORY QUESTIONARE

PLAYER INFORMATION:

First Name: _____ Last Name: _____

Date of Birth: ____/____/____ Age: _____ Sex: _____ Phone: (____) _____

Emergency Contact: _____ Relationship: _____ Phone: (____) _____

PLEASE CIRCLE NO OR YES AND LIST DETAILS AS REQUESTED. ALL INFORMATION WILL REMAIN CONFIDENTIAL AND APPLIED ONLY TO EMERGENCY CARE SITUATIONS.

- NO/YES** Do you have any allergies? (Foods, medications, etc.) Please list: _____
- NO/YES** Do you regularly take any over the counter and/or prescription medication? Please list and provide reasons: _____
- NO/YES** Have you ever been told that you have (had) asthma or exercise induced asthma? List medications: _____
- Have you ever been diagnosed with any major diseases or conditions? (diabetes, epilepsy, heart disease, etc.) List: _____
- NO/YES** Do you have or have you ever had a hernia or rupture? List dates if repaired: _____
- NO/YES** Have you ever been knocked out or had a concussion or other closed head injury? List dates: _____
- NO/YES** Have you ever injured the bones, ligaments, nerves, or discs of your neck and back that disabled you for a week or longer? List injury/dates: _____
- NO/YES** Have you ever had a broken bone or fracture? **Right or Left** List bones/dates: _____
- NO/YES** Have you ever had a shoulder/elbow or wrist injury that disabled you for a week or longer? **R or L** List injury/dates: _____
- NO/YES** Have you ever injured the ligaments in your knee? **Right or Left** List injury/dates: _____
- NO/YES** Have you ever had an ankle injury that disabled you for a week or longer? (dislocation, sprain, separation, etc.) **Right or Left** List injury/dates: _____
- NO/YES** Do you presently have a rod, pin, screw, or plate anywhere in your body? Where: _____ List injury/dates: _____
- NO/YES** Do you wear contact lenses or removable dental appliances while participating in your sport? List items: _____
- NO/YES** Have you experienced any major surgery? List: _____
- NO/YES** Are you current on all immunizations? List special considerations: _____
- NO/YES** Do you have any other conditions you wish to make us aware? Please specify and give details: _____
- _____
- _____

THE ABOVE QUESTIONS HAVE BEEN ANSWERED COMPLETELY AND TRUTHFULLY TO THE BEST OF MY KNOWLEDGE. SIGNING THIS DOCUMENT RELEASES ALL INFORMATION TO ASSIT IN THE APPLICATION OF NECESSARY EMERGENCY CARE.

PLAYER NAME SIGNATURE DATE

PARENT/LEGALGUARDIAN NAME SIGNATURE DATE

CONCUSSION POLICY

Definition of Concussion - means a complex pathophysiological process affecting the brain caused by a traumatic physical force or impact to the head or body, which may: (A) include temporary or prolonged altered brain function resulting in physical, cognitive, or emotional symptoms or altered sleep patterns; and (B) involve loss of consciousness.

Prevention

Teach and practice safe play & proper technique.

Follow the rules of play.

Signs and Symptoms of Concussion – The signs and symptoms of concussion may include but are not limited to: Head ache, appears to be dazed or stunned, tinnitus (ringing in the ears), fatigue, slurred speech, nausea or vomiting, dizziness, loss of balance, blurry vision, sensitive to light or noise, feel foggy or groggy, memory loss, or confusion.

Treatment of Concussion - The student-athlete shall be removed from practice or competition immediately if suspected to have sustained a concussion. Every student-athlete suspected of sustaining a concussion shall be seen by a physician before they may return to athletic participation. The treatment for concussion is cognitive rest. Students should limit external stimulation such as watching television, playing video games, sending text messages, use of computer, and bright lights. When all signs and symptoms of concussion have cleared and the student has received written clearance from a physician, the student-athlete may begin the Return to Play protocol below.

Return to Play - According to the Texas Education Code, Section 38.157:

A student removed from an interscholastic athletics practice or competition under Section 38.156 may not be permitted to practice or compete again following the force or impact believed to have caused the concussion until:

- (1) the student has been evaluated, using established medical protocols based on peer-reviewed scientific evidence, by a treating physician chosen by the student or the student's parent or guardian or another person with legal authority to make medical decisions for the student;
- (2) the student has successfully completed each requirement of the return-to-play protocol established under Section 38.153 necessary for the student to return to play;
- (3) the treating physician has provided a written statement indicating that, in the physician's professional judgment, it is safe for the student to return to play; and
- (4) the student and the student's parent or guardian or another person with legal authority to make medical decisions for the student:

(A) have acknowledged that the student has completed the requirements of the return-to-play protocol necessary for the student to return to play;

(B) have provided the treating physician's written statement under Subdivision (3) to the person responsible for compliance with the return-to-play protocol under Subsection (c) and the person who has supervisory responsibilities under Subsection (c); and

(C) have signed a consent form indicating that the person signing:

(i) has been informed concerning and consents to the student participating in returning to play in accordance with the return-to-play protocol;

(ii) understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return-to-play protocol;

(iii) consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician's written statement under Subdivision (3) and, if any, the return-to-play recommendations of the treating physician; and

(iv) understands the immunity provisions under Section 38.159.



Rugby Texas Code of Conduct

In order to provide a safe and positive Rugby experience in the best spirit of sportsmanship and fair play, this **Code of Conduct** (hereafter referred to as the Code) for all clubs and club administrators is hereby enacted. It is the responsibility of every team leader (coach, president, captain, etc.) to be familiar with this code, and to circulate or otherwise make known its contents to all players and administrators within the club/team. By virtue of participating in Rugby Texas programs and competitions, it is assumed that each club is familiar with this Code.

Code of Conduct for Rugby Texas Clubs, Coaches and Club Administrators

I pledge that I will administer our club according to the following expectations:

1. I recognize the physical and emotional status of Rugby Texas players and pledge to conduct all club activities in a manner so as to promote only positive development of these domains within each player.
2. I pledge to ensure, through instructions and personal behavior, that all club players and administrators treat all teammates, coaches, opponents and match officials with respect at all times and in all interactions. Specifically, I will not allow club members to insult, degrade or taunt opponents or question or argue with match officials' decisions.
3. I pledge to ensure that the players are coached to play the game according to the Laws of the game and to actively discourage illegal and dangerous tactics and actions. Specifically, I will take remedial action with players who have a demonstrated history of punching, kicking, fighting, dangerous tackling or use of foul language. Further, I will positively represent any and all decisions of Rugby Texas and its Competitions Committee to all club members and their friends/family members.
4. I pledge to discourage the use of any performance enhancing drug or chemical agent.
5. I pledge to disallow the use of alcohol, tobacco and illegal substances by club members. Specifically, the club will not allow the consumption of alcohol at matches or post match gatherings by anyone, including spectators.
6. I pledge to conduct Club activities in a manner consistent with any affiliated organization's (i.e. school or park district) behavior/attendance/academic rules and regulations. If our club is not affiliated with any specific school, I pledge to follow said regulations from the school which the majority of club players attend. Specifically, our Club leadership will state to participating families that rugby activities are deemed secondary to each player's academic responsibilities.



7. I pledge to ensure, that through counsel and personal actions, all club players and administrators will treat others when in public or traveling as a team with respect at all times and with all interactions. Specifically, I will not allow club members to insult, degrade or taunt anyone in a manner that is contrary to the spirit of Rugby. Furthermore, I will positively represent any and all decisions of Rugby Texas and its Competitions Committee to all club members and their friends/family.
8. I pledge to conduct Club activities according to all Rugby Texas and USA Rugby regulations. Specifically, the Club will ensure that all players and administrators are CIPP registered, appropriate safety personnel are in attendance at each match, at least one club official has coaching certification, that all administrators and all coaches have passed the USA Rugby criminal background check, sideline barriers are in place at all matches, club officials will make reasonable efforts to be in attendance at Rugby Texas meetings, and that any match cancellation be communicated to the opposing side and referee no later than 24 hours prior to the scheduled kick-off. Further, the Club and I accept that failure to meet these expectations may lead to disciplinary sanctions by Rugby Texas.
9. I pledge to ensure that the club has an emergency procedure in place for all practices and matches. Specifically, a telephone, first aid kit and a pertinent player information notebook will be at all club assemblies. Further, printed directions to the nearest emergency medical facility will be available for all members of a visiting team's group. All coaches and administrators have read and pledge to comply with the USA Concussion Compliance Policy and protocols
10. I acknowledge that Rugby Texas, USA Rugby and match referees have the privilege to amend expectations of clubs and their members as they see fit. Specifically, I agree to abide by any expectation that these rugby governing entities may communicate to the Club.

Printed Name

Date

Signature

Club/Team

Rugby Texas Parent/Spectator Code of Conduct

All Rugby Texas players, coaches, parents and supporters are considered to be ambassadors of this team and of the sport of rugby. As such, every player, coach, parent and supporter is expected to behave with dignity at all rugby events. Rugby prides itself in following the spirit as well as the letter of the Laws of the Game and in not tolerating any unsporting behavior of any kind.

Please remember, players are involved in rugby for their enjoyment and development, not yours!

Parents are requested to abide by the following code:

- Always encourage your child to play by the Laws of the Game.
- Never ridicule, humiliate, or shout at players for making a mistake or losing a match.
- Support all efforts to remove verbal and physical abuse from rugby.
- As a spectator, do not use profane language or harass referees, coaches, players, or opponents.
- Do not publicly question the referee's judgment or integrity.
- Recognize the value and importance of volunteer coaches and referees. They give of their time and resources to provide recreational activities for your child.
- At no time will alcohol or drugs be allowed at any high school match either by players or team supporters.
- Ensure that your guests also follow these guidelines for acceptable behavior.
- Parents are responsible for getting their own children to and from all Rugby Texas practices, games, and club events.

Violations of this code may lead to sanctions that could include, but is not limited to, the following:

- Verbal warning by official, coach and/or the club's Board of Directors representative.
- Spectator or parent being banned from sideline
- Team forfeit of the game
- Player suspension from the game or future games

I agree to abide by the terms of this code of conduct

PARENT NAME

PARENT SIGNATURE

DATE

PLAYER NAME

PLAYER SIGNATURE

DATE



MEDICAL & SAFETY GUIDE

It is vitally important that rugby programs provide the tools necessary to create a fun and safe environment for all athletes. USA Rugby has developed this guide to explain what is needed to prevent injuries and improve medical coverage at local events, league competition, and all other development activities. This guide also serves to provide information to parents so they feel comfortable with rugby. When working to establish safety standards, local rugby administrators and coaches must consider:

- Injury Prevention
- Emergency Action Plan Development
- Return to Play Procedures

A wealth of documentation focusing on safety in youth sports is available to all rugby enthusiasts. This guide consolidates information to encourage every program to follow a baseline of safety considerations. With preventative measures in place, athletes and parents can find security in knowing the risk of injury is significantly reduced through responsible preparation.

Injury Prevention

Injuries in rugby are no different from those in other sports. The key to prevention is identifying associated risk factors. Rugby programs can work towards decreasing the rate and seriousness of rugby-related injuries by implementing research-based preventive interventions. The first step towards making rugby safer is addressing the following key factors:

- Coaching/Officiating
- Equipment
- Facilities & Playing Conditions
- Physical Conditioning

Coaching/Officiating

As rugby is a contact game, those who manage participation must possess a necessary knowledge base. Coaches and officials must be proficient in communicating information to athletes which will transfer over into competitive situations. Youth rugby coaches need to be aware of their athletes' sport background. Cross over athletes from sports such as American Football pose a challenge for coaches as these athletes need special instruction in rugby specific skills such as tackling and scrummaging. The best way to learn how to properly instruct all athletes is to become a USA Rugby certified coach. This process can be started from the comfort of home through the use of USA Rugby's online coach development portal available at <http://usarugby.learn.com>. The process concludes with a face-to-face workshop featuring the practical application of coaching young athletes. It is also strongly recommended that coaches and officials seek CPR and first aid certification which can be achieved through the Red Cross at <http://www.redcross.org>.

Proper officiating in youth programs is a great responsibility as referees must learn to manage imbalances in strength, technique and level of experience. Coaches and officials must work together to ensure a fun and safe competition takes place. Officials can gain tools needed to mediate varying circumstances on the field through educational channels similar to those of coaches offered by USA Rugby. It is the responsibility of all volunteers to seek proper certification and important for parents to demand this level of expertise in the best interest of their children.

Equipment

With proper education comes the need for the proper tools. Rugby requires a low level of start up cost as only a few essential pieces of equipment are needed to participate. A program priority should be to ensure that equipment for personal or team use during matches and training sessions is safe and iRB approved. A

complete list of accepted equipment required is available at www.irb.com. In addition to these regulations, a fully stocked medical kit should be available for use by all participants. For a detailed description of medical kit materials please consult the National Center for Sports Safety at www.sportssafety.org. A complete medical and safe practice binder should be included in the medical kit. Necessary paperwork consists of:

- Physician Evaluation Documentation
- Liability & Eligibility Waiver
- Injury Incident Report
- Participant Roster
- Emergency Information/Medical Release Form
- Facility specific Emergency Action Plan
- Photocopy of Insurance and ID card
- Medical History Questionnaire

In addition to these items, physician notes, training attendance records, match rosters and other documents may also be included. All of the information within the binder provides everything needed to properly treat an injured athlete.

Facilities & Playing Conditions

Securing a safe area for training sessions and matches is important. Programs should make every effort to use adequately sodded or turf surfaces to prevent injuries. Fields must be void of hazards such as broken glass, protruding rocks, sprinkler heads and holes. When examining playing surfaces, size, availability, access for emergency vehicles, available parking, lights, and usage requirements should also be considered. As a member of USA Rugby, all clubs have access to liability insurance which provides protection in case of property damage or bodily injury to third parties. These parties may include the venue owner, coaches, referees, sponsors, spectators and others. Most venue owners will require this type of insurance before a club is allowed to step on the field of play.

Beyond the actual playing field conditions, programs must be conscious of the impending weather. If it is hot and humid coaches must plan to compete early in the morning or later in the evening to avoid the heat. Having ample fluids and water breaks in shaded areas helps to lessen the incidence of heat exhaustion and heat stroke. Coaches must know the signs and symptoms of these conditions and take them seriously. In cold weather coaches must consider ground conditions. Impact on a frozen field of play can increase the severity of any injury. Awareness of the signs of hypothermia in extreme cold conditions is also important. Proper clothing, warm up, and cool down activity is crucial to injury prevention and optimum performance.

In case of lightning everyone must evacuate the area to a safe location. A large building is the best location while sheds, dugouts and bleachers are to be avoided. If a sturdy building is not available, a vehicle with closed windows will work instead. The recommend method to help determine when cover should be taken is the flash-to-bang method. To use this method, begin counting on the lightning flash, and stop counting when the associated thunder is heard. Divide this number (in seconds) by 5 to determine the distance (in miles) to the lightning flash. For example, if the time in seconds between the lightning being spotted and the thunder being hear is equal to 30, divide that by 5, and you get 6 ($30/5=6$). Therefore, that lightning flash was approximately 6 miles away from the observer. If a game, practice, or other activity is suspended or postponed due to lightning activity, it is important to establish criteria for resumption of activity. Waiting at least 30 minutes after the last lightning flash or sound of thunder is recommended. Each time lightning is seen or thunder is heard the 30-minute clock should be reset.

Physical Conditioning

It is recommended that player's receive a physician's evaluation and clearance prior to participating in rugby. This is standard procedure for all interscholastic sports and rugby should not be an exception. Competing in the best possible physical condition not only prevents injuries, it also makes the game more enjoyable. Pre-season conditioning programs can help prevent fatigue related injuries such as sprains and strains. Weight training with special attention on the neck and shoulders should be applied. An emphasis on stretching of all muscle groups decreases the incidence of injury. Even fitness testing can be applied to assess the condition of the athletes and help better their match performance. Competitive matches between high school and adult clubs should be discouraged. Discrepancies in size, strength and experience may result in mismatches leading to injury. Common sense should be applied to avoid unequal competition. If athletes perform at their physical best they are more likely to be safe and successful.

Emergency Action Plan Development

Each program needs an established emergency plan unique to each place of assembly. The action plan includes naming the individual trained to assess the situation, secondary assessment, 911 involvement protocol, parental contact responsibility, directions/contact information for the nearest hospital, and notation of a volunteer responsible for accompanying the injured athlete to the hospital. A detailed emergency action plan should be drafted prior to any activity, reviewed by all medical staff and made available on-site as a reference.

In developing an action plan, it is important to recruit all necessary medical staff and volunteers. Finding the right medical personnel can pose a challenge in terms of financial constraints and availability. Developing a strong relationship with local area sports medicine and physical therapy clinics can help solve this issue. A program might offer to refer all players and family members who need treatment in exchange for services from dedicated medical professionals. By any means necessary a program should aspire to provide at minimum a Certified Athletic Trainer and ideally an appointed Medical Director, ATC and EMT at all major events.

Head and Neck Injuries

Severe injuries to players from programs who safely address the risk factors of the sport are rare. Everyone involved should learn to recognize the signs and symptoms of players who have suffered a concussion and how best to treat the condition. Concussions are classified as mild/first degree, moderate/second degree and severe/third degree depending on their symptoms. A mild/ first degree concussion causes the athlete to be confused dazed and experience slight amnesia. Asking the athlete questions such as time of day and how he/she got to the field can help detect the injury. Hesitation in answering is a good indication of concussion. If a player experiences unconsciousness for a few seconds or several minutes the athlete has a moderate/second degree concussion. A severe/third degree concussion means any lapse of consciousness for more than five minutes. The degree of concussion is determined by the force of impact.

In case of a head injury, if there is any doubt about the severity of a concussion, it must be treated as a third degree/severe concussion. This is classified as an emergency situation and the athlete must not be moved until a spinal cord injury is ruled out. Pulse and breathing rate should be checked while an ambulance is called to the site. If vital signs are normal, wait for the athlete to regain consciousness. Do not remove any head gear or move the athlete if complaints of neck and back pain or numbness in the extremities are voiced. If none of these symptoms are present, wait until the player is ready and help them to a kneeling position and eventual standing to move away from the activity. Carefully watch the athlete's progress and wait until an ambulance arrives if deemed necessary.

If a first degree/mild and second degree/moderate concussion occurs the athlete must be removed from the activity. Their actions must be observed and assessed every twenty minutes for delayed symptoms such as headache, dizziness and confusion. If signs and symptoms continue but do not worsen, the athlete must be taken to an emergency room for an evaluation within two hours. If conditions appear to be worse, the injury must be re-classified as a third-degree/severe concussion and treated as described earlier. Everyone involved in rugby must be familiar with the signs, symptoms and return to play criteria. The "Heads Up: Concussion in High School Sports" tool kit is provided free of charge from the Department of Health and Human Services Center for Disease Control and Prevention at www.sportssafety.org. Everyone should take advantage of this offer and arm themselves with education.

Return to Play Procedures

As in all sports, injuries do unfortunately take place in rugby. When proper procedures are followed a quicker recovery and return to participation is the end result. The IRB requires that any youth rugby player who has suffered a first degree/mild concussion should be removed from the activity. A head injury beyond this level of severity equals transportation to a hospital (if deemed necessary by an on-site medical professional) and a full evaluation. The athlete should not be allowed to return to play for a minimal period of three weeks. If any injury occurs, athletes should receive an evaluation and medical clearance from a health care professional in order to return to play.

Additional Resources

USA Rugby has worked to form partnerships with non-profit organizations to provide cutting edge health and safety information. The Positive Coaching Alliance, Rugby RIO and the National Center for Sports Safety are among the list of recognized contributors. Parents should encourage athletes to participate in safe activities such as rugby. We strongly encourage all administrators and coaches to view and use the tools included in the appendix to create a safer environment for all athletes.

MEDICAL INSURANCE AGREEMENT AND USA RUGBY RULES ACKNOWLEDGEMENT

1. I acknowledge that I have a medical insurance policy in my name that has a minimum of \$100,000 in medical coverage **WITH NO RESTRICTION FOR ACCIDENTS WHILE PARTICIPATING IN SPORTS**. I understand such insurance will be my primary source of payment should medical treatment be necessary as a result of my participation in the Activity.
2. I agree to abide by all International Rugby Board, USA Rugby, territorial and local area union rules and regulations, including to be bound by the arbitration procedures therein, that I am aware of and understand, for any dispute regarding my right to participate in the Activity, as set forth in the Bylaws of USA Rugby, as they are amended on a periodic basis, which I understand are available on the USA Rugby web site (www.usarugby.org).
3. I affirm that I am not suspended or banned from play or participation by any club local area union, territorial union, or national union, and I authorize USA Rugby to verify my citizenship status with the appropriate governmental agencies.
4. I am aware that USA Rugby has the right to revoke my CIPP enrollment, and therefore my eligibility to play or coach, in the event of any violation of the aforementioned statement.

WAIVER & RELEASE, ASSUMPTION OF RISK AND PARENTAL INDEMNIFICATION

In consideration of me being permitted to participate in any way in USA Rugby, it's member unions, clubs, organizations and individuals sponsored Activities ("Activity"), I agree:

1. I understand the nature/dangers of USA Rugby activities and believe that I am qualified to participate in such Activity. I further acknowledge that I am aware the activity will be conducted in facilities open to the public during the Activity. I further agree/warrant that if at any time I believe conditions to be unsafe, I will immediately cease further participation in the Activity.
2. I FULLY UNDERSTAND that: (a) USA RUGBY Activities involve risks and dangers of **SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH** ("Risks"); (b) these Risks and dangers may be caused by my own actions, or inaction's, the actions or inaction's of others participating in the Activity, the condition in which the Activity takes place. Or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES incurred as a result of my Participation in the Activity.
3. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS USA RUGBY, their member unions, territorial unions, clubs, respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place (each considered one of the "Releasees" herein) from all liability, claims demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, I or anyone on my behalf makes a claim against any of the Releasees named above, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE OR COSTS ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND IT'S TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THAT THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Signature

Printed Name

Date

PARENTAL CONSENT AND INDEMNIFICATION AGREEMENT

I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such "activity". I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage or cost any Releasees may incur as the result of any such claim.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date

***PLEASE PRINT, SIGN AND RETURN TO YOUR AFFILIATED CLUB**