

CRMS Rugby Club Registration Form

Player Information

For siblings it is only necessary to fill in the first section & place name of sibling on the registration sheet. Signature required on each player's registration.

Last Name: _____ First Name: _____ Initial: _____

Club \$ 35 registration fee Yes or No *Check can be written to CRMS*

Gender: **Male** **Female** Birth Date: ____/____/____

Grade Level: **6th** **7th** **8th**

T-Shirt Size: Youth S M L XL XXL **Shorts Size** Adult S M L XL XXL **Jersey Size** S M L XL XXL

Parent / Guardian Information

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact _____

Phone: _____

Event Participation Interest / Volunteer

This is a volunteer program. Without the selfless dedication of volunteers, this program would not exist. Please consider helping us out even if you have no experience at all. We would love to see you there. circle any/all that apply.

Setup / rides / Concessions / Cleanup / Registration / Board Member / No Preference

Parent / Guardian Agreement

I, the parent / legal guardian of the registrant, a minor, agree that the registrant and I recognize the possibility of physical injury associated with wrestling, and in consideration of the CRMS Cougar Rugby Club accepting the registrant for its Rugby program, I hereby release, discharge, and / or otherwise indemnify CRMS Cougar Rugby Club including the sponsors, their employees, and associated personnel, including the owners of the facilities utilized for the program, against any and all claims by or on behalf of the registrant as a result of the registrant's participation in the program. The CRMS Cougar Rugby Club, the CRMS Cougar Rugby Club Coaching Staff and the Camp Road Middle School cannot be held liable for injuries sustained during practice, games or tournaments. Players not adhering to the rules of the practices will be asked to leave. We will not be responsible for any student asked to leave early. Please inform your child of this rule and be prepared to provide early transportation home if your child is asked to leave. We want to provide a quality rugby education and safe place to learn. We highly encourage parents to observe. Players must not be dropped off more than 15 minutes prior to the start of practice and must be picked up promptly at the time the practice ends. The coaches are not responsible for students not picked up at the end of practice. Rugby shoes need to be carried in separately from street shoes, so they are clean and dry. I have read the the CRMS Cougar Rugby Club agreement and, understand and agree to all rules and discipline measures.

Signature: _____

Printed Name: _____ Date: _____

Insurance and Medical Information

The following information will be kept confidential.

Insurance Company _____

Policy No. _____

Family Doctor _____ Phone No. _____ Hospital _____

Please indicate another person to call if an accident occurs and we are unable to reach you:

Name _____

Phone No. _____

The Player listed above has been granted permission to participate in rugby activities as Sanctioned by USA Rugby and Rugby South Carolina. The player has received a physical examination and is fit to participate.

Parent/Guardian Signature _____

Date _____

Please read the alternative statements below and sign under the one that you choose.

1. If my child needs medical attention, it is my wish that I be **contacted before** any medical procedures are taken on my child, unless immediate treatment is necessary to save my child's life or to prevent permanent injury.

Parent/Guardian Signature _____

Date _____

2. If my child needs medical treatment while participating, it is my wish that the **treatment be started** while efforts are being made to contact me. So that treatment is not delayed, I consent to any medical procedures that the physician believes are needed, on the understanding that efforts to contact me will continue to be made. I accept responsibility for all costs related to such treatment.

Parent/Guardian Signature _____

Date _____

Release Form

1. I, _____ the undersigned, on behalf of myself, my heirs and next of kin, personal representatives, agents, insurers, successors and assigns (all hereinafter "Releasors") hereby FOREVER RELEASE, DISCHARGE AND COVENANT NOT TO SUE CRMS RUGBY CLUB. (Releasee), its insurers, its affiliated clubs, administrator, agents, directors, officers, state organizations, members, committees, volunteers, all employees of Camp Road Middle School and any and all participants, officials, referees, coaches, host clubs, sponsoring agencies, sponsors, advertisers, local organizing committees (and if applicable) owners, leasers and operators of premises used to conduct any FoJo RUGBY CLUB. sanctioned event, meet, practice or activity (all hereinafter "Releasees") from any and all liabilities, claims, demands, causes of actions or losses of any kind or nature, past, present or future, direct or consequential that I may hereafter have for PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR ECONOMIC OR DEATH, arising out of my participation in, attendance at or traveling to and from any JICHS RUGBY CLUB. sanctioned event or activity including, but not limited to LOSSES CAUSED BY THE PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES or hidden, latent or obvious defects in the facilities or equipment used.
2. Releasor understands and acknowledges that CRMS RUGBY CLUB sanctioned activities and the sport of rugby in general have inherent dangers that no amount of care, caution, training, instruction, supervision or expertise can eliminate, RELEASOR EXPRESSLY AND VOLUNTARILY ASSUMES ALL RISK OF PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR ECONOMIC OR DEATH, sustained while participating in, attending, preparing for or traveling to and from any FoJo RUGBY CLUB. sanctioned event(s), meet(s), practice(s), or activity, including the risk of PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used.
3. Releasor acknowledges and fully understands that each participant in any FoJo Rugby Club .sanctioned event, meet, practice or activity, including Releasor, will be engaging in activities that involve risk of serious injury, including permanent, temporary, total or partial disability, disfigurement, paralysis and any other losses to person or property, including death, and that severe social and economic losses may result not only from Releasor's own actions, inactions or negligence, but also from the actions, inactions or negligence of others notwithstanding the rules of play or the condition of the premises or of any equipment used. Further Releasor acknowledges and fully understands that there may be associated risks with such activities which are not known or not reasonably foreseeable at this time.
4. Releasor understands that they are responsible for their child's transportation to and from FoJo RUGBY CLUB. sanctioned events or activities which include meets, duals, tournaments and practices. **I ACKNOWLEDGE THAT I HAVE HAD SUFFICIENT OPPORTUNITY TO REVIEW THE PROVISIONS OF THIS DOCUMENT AND UNDERSTAND ITS PURPOSE, MEANING AND INTENT.** The undersigned does hereby represent that he/she is, in fact, the legal guardian of (name of player) _____ and acting in such capacity agrees to the terms and conditions of the above stated waiver and release.

Signature of parent or legal guardian

Print Name

Relationship to minor

Date