

South Penn Rugby Registration 2010

Please Complete the entire Registration Packet. All of the following pages are required for permission to play:

- ✓ Registration/Player Info (this page)
- ✓ Emergency Contact Form
- ✓ Liability Waiver Form
- ✓ Code of Conduct (Local Rugby Union Requirement – EPRU)
- ✓ CIPP Form – a requirement for all players to play in USA Rugby sanctioned events.

If you have any questions, please contact Steve Wright at 717-352-8864 or rugger@comcast.net

Registration for (circle one): South Penn Boys South Penn Girls

Players Name: _____ Birthdate: _____ Age: _____

School: _____ Grade: _____

Player's Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Parent(s) Name: _____

Player's Email Address: _____

Parent Email Address #1: _____

Parent Email Address #2: _____

Player's Cell Phone: _____ Alright to text? (circle one)
Yes No

Parent Cell Phone #1: _____ Alright to text? Yes No

Parent Cell Phone #2: _____ Alright to text? Yes No

T-shirts and shorts are not included with the registration, but may become available through sponsors and fundraising incentives/opportunities. Its easier to gather this info now than to chase it down later:

T-shirt size: S M L XL XXL XXXL

Shorts size: XS (28-30) S (30-32) M (34-36) L (38-40) XL (42-44) XXL(46-48)

EMERGENCY CONTACT FORM
(SOUTH PENNREBEL RUGBY CLUB)

The following emergency information will be kept with the athletic teams during home and away competitions. Please complete ***ALL*** information thoroughly (if answer is “NO/NA,” please indicate – leave no areas blank). Proper completion of this form will increase the quickness and efficiency of the action taken in handling the injured athlete if emergency medical assistance is needed.

ATHLETES NAME _____ BIRTH DATE _____
Last First MI

PARENT’S/GUARDIAN’S NAME _____
Please Print

HOME PHONE _____
WORK PHONE(S) _____ CELL PHONE(S) _____

EMERGENCY CONTACT PERSON _____
Please Print

PHONE NUMBER _____

FAMILY DOCTOR _____ PHONE _____

ALLERGIES/FEVER REACTIONS

SPECIAL MEDICATIONS _____

SPECIAL CONSIDERATIONS _____

HEALTH INSURANCE INFORMATION

HEALTH INSURANCE _____ PRIMARY CARRIER _____

GROUP # _____ POLICY # _____

South Penn Rebel Rugby Club
Spring 2010

LIABILITY WAIVER FORM

No one is forcing you to play rugby. It is a sport that is tremendously fun to play, which makes it understandable why you would want to play. Your decision to play is voluntary and completely your own. Despite all efforts to minimize the risk associated with playing rugby, like any other contact sport can lead to very serious injury including: blindness, quadriplegia, brain injury or even death. While the risk of such catastrophic injury and death is very small, you and your parents must accept this risk or you shall not participate.

By signing below, you and your parents acknowledge and agree:

1. You have a minimum of \$100,000 in medical insurance coverage.
2. You understand the dangers of playing rugby and accept the risk of doing so.
3. You hereby release, discharge, agree not to sue and agree to hold harmless, the Chambersburg, Waynesboro, Shippensburg, or Greencastle-Antrim School Districts or any of its employees, all team coaches, parents, and other volunteers, and the owners or lessors of properties on which you play rugby, for all liability, claims, demands or losses caused or alleged to be caused by the negligence of those listed above. You will indemnify those listed above any litigation expense, attorney fees, and any other costs incurred in defending any claim made by you on your behalf.
4. You will report all medical diagnoses, whether rugby related or not, including any diagnosis of a concussion, to the coaching staff.
5. You recognize that it is advisable and recommended by the Coaches that you purchase and wear rugby headgear and rugby shoulder pads.
6. If you do suffer a concussion, you may not play in any match or actively participate in practice for a period of three weeks following the date of the concussion. This rule applies even if your doctor clears you to play before the three weeks expires.

I, _____, have read and agree to the statements listed above.

Player Signature

Date

Parent/Guardian Signature

Date

***Eastern Pennsylvania Rugby Union
Player Code of Conduct
Rev. 0 – January 2003***

USA Rugby and the Eastern Pennsylvania Rugby Union (EPRU) expect that all teams and players abide by the following code of conduct:

1. Players who represent their teams are ambassadors of their club, Local Area Union, Territory, and USA Rugby, as well as the game of rugby in general. As such, each player is expected to be on good, responsible behaviors at all times, both on and off the field.
2. Players should not exhibit obnoxious, impolite, or antisocial behaviors (dangerous play) of any sort that would adversely affect the image of the game as a serious and disciplined endeavor. This includes verbal abuse of opponents by players or their supporters.
3. A player must not before, during or after a match under the jurisdiction of an affiliated Union threaten or address a referee or touch judge in insulting terms, or act in a provocative manner towards fellow players, referee or touch judge.
4. Referees and touch judges must likewise treat players with equal respect.
5. All players and supporters must respect the ground rules that are in effect at any particular match, such as prohibitions against having alcohol on school grounds and in public parks.
6. AT NO TIME WILL ALCOHOL OR DRUGS BE ALLOWED AT ANY HIGH SCHOOL MATCH EITHER BY PLAYERS OR TEAM SUPPORTERS.

Violations of this Code of Conduct will be immediately addressed by the EPRU Disciplinary Committee. All sanctions by the EPRU Disciplinary Committee will be enforced by the committee and appropriate coaching staff.

I understand that my participation in EPRU competition is dependent upon my signature on this document and by my actions at all matches and team functions.

Signature by Player:

Signature

Printed Name

Date

Signature by Parent:

Signature

Printed Name

Date



2009-2010 (MINOR) Individual Enrollment Application
USA Rugby Membership Services

2500 Arapahoe Ave., Suite 200, Boulder, CO 80302
Fax: 303-302-0239 Phone #: 303-539-0300

To avoid the processing \$1.50 fee, register online at https://membership.usarugby.org

ENROLLMENT INFORMATION – PLEASE PRINT LEGIBLY

Form fields for enrollment information including checkboxes for 'Previously Registered' and 'New Participant', fields for Club Name, ID, Date of Birth, Gender, Name, Address, City, State, Zip, Phone, and E-mail address.

ENROLLMENT CLASSIFICATION AND ANNUAL FEES – CHECK ONE ONLY

Form fields for enrollment classification and fees, including checkboxes for Senior, Collegiate, High School, Youth, and Fan categories, and a section for processing fees.

METHOD OF PAYMENT

Form fields for method of payment, including checkboxes for Organization Check, Personal Check, Visa, and MasterCard, and fields for check number, credit card number, security code, and expiration date.

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.

Signature: _____ Date: _____

Parent/Guardian Signature (If under 18 years old): _____ Date: _____

Incomplete or unsigned forms cannot be processed.
Send signed original form to USA Rugby - Retain a photocopy for your records.
Please allow 3-4 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, it's 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
1. 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) MEDICAL INSURANCE AGREEMENT AND USA RUGBY RULES ACKNOWLEDGEMENT

1. I, the undersigned parent/guardian, acknowledge that the minor child identified below (the "Minor") is covered by a personal or group insurance policy that has \$100,000 or more in coverage for medical, hospitalization, and other expenses of treatment and care should the Minor be injured or become ill while or as a result of participating in the Activities (as defined below) **WITH NO RESTRICTION FOR ACCIDENTS OR ILLNESSES WHILE PARTICIPATING IN SPORTS, SPORTS-RELATED ACTIVITIES, OR RECREATIONAL ACTIVITIES.** I understand such insurance will be my and the Minor's primary source of payment should medical treatment be necessary as a result of participation in the Activities. The undersigned accepts full financial responsibility for and agrees to pay all costs of medical treatment or care incurred due to the Minor's illness or injury arising out of the Activities that are not covered by such insurance policy.
2. 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).
3. 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.
4. 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 MEDICAL INSURANCE AGREEMENT 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 MEDICAL INSURANCE AGREEMENT ON BEHALF OF THE MINOR.

PROVIDE NAME OF MINOR:

Parent/Guardian Signature Printed Name Date

Parent/Guardian Signature Printed Name Date

PLEASE PRINT, 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.