

Morris Rugby Football Club
Black River Renegades Coed Youth Flag Rugby Program
 << Summer 2008 >>

Child's Last Name: _____ **First Name:** _____
Address: _____ **City, Zip:** _____
Home Phone: _____ **Sex:** Male Female **Fall 2008 grade:** _____

Medical Information:

Please indicate if your child has difficulty with the symptoms listed below:

- Heart Problems Shortness of Breath Asthma Diabetes Kidney Problems Vision Problems
 Chest Pains Hearing Impaired Glasses, Contacts Concussions Seizures Headaches Bone Joint
 Skull Fracture Past Operations Allergies

Other: _____

Does your child take medication in certain emergencies? Yes No (If yes please provide the coach written instructions.)

Please indicate how you can help this season:

Training and certification will be provided for all volunteers!

- Assistant Coach Team Parent Referee Photographer Equipment Game help Concessions

Can you sponsor a team or find us one for \$150.00? If so, please provide a contact name and phone number:

Name: _____ Phone: _____

Parental consent, contact information:

I, the parent or guardian of the player named above, do hereby give my permission in my absence for any necessary emergency medical treatment to be administered by a licensed physician. I also give my approval for his/her participation in all Morris Rugby Corporation activities and assume all such risks and hazards incidental to participation. I absolve, indemnify and agree to hold harmless Morris Rugby Corporation and its programs, sponsors, coaches and other participant's from all such risks and hazards. I hereby grant Morris Rugby Corp., or its assignees, permission to use my child's image for educational, promotional, fundraising and general public relations purposes.

Parent/Guardian Signature: _____ Relationship: _____ Date: _____

Please Provide the following information:

Parent / Guardian:

Name: _____ **Phone:** _____

Email: _____

Name: _____ **Phone:** _____

Email: _____

Fees:

Amount

Registration: (\$50 per participant)

Uniforms - Necessary for those that do not have one from last year that fits.

Rugby Jersey (\$20) select size: **Youth** S M L XL **Adult** S M L

Rugby Shorts (\$15) select size: **Youth** S M L XL **Adult** S M L

Total Enclosed

Participants will only be allowed if a registration form is completed for each incumbent.

Please make checks payable to: **Morris Rugby Football Club.**

Return your application with check to: **Laura Howering – 20 Selma Blvd., Randolph 07869**

For schedule, directions and more information visit our website
www.blackriverrugby.com