



**BLACK RIVER RENEGADES**  
 • CHESTER • RANDOLPH • MENDHAM •  
 MORRIS RUGBY YOUTH PROGRAM

**COED YOUTH FLAG RUGBY**

<< **Summer 2011** >>

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, Zip \_\_\_\_\_  
 Fall 2011 Grade: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Sex:  Male  Female

**Medical Information:**  
 Please indicate if your child has difficulty with the symptoms listed below:  
 Heart Problems  Shortness of Breath  Asthma  Diabetes  Kidney Problems  Chest Pains  Vision Problems  
 Glasses, Contacts  Hearing Impaired  Concussions  Seizures  Headaches  Bone Joint  Skull Fractures  Allergies  
 Other \_\_\_\_\_  
 Does your child take medications in certain emergencies: \_\_\_\_\_

Please indicate how you can help this season: Training and certification will be provided for all volunteers!  
 Assistant Coach  Team Parent  Referee  Equipment  Home Game Help  
 Can you sponsor a team or find us one for \$150.00? If so please provide contact name and phone number:  
 \_\_\_\_\_

**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 \_\_\_\_\_  
 Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_  
 Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Fees:**  
 Registration: (\$60 per participant).....\$ \_\_\_\_\_  
 Uniforms-necessary for those who do not have one from last year that fits:  
 Rugby Jersey (\$30) Select Size: Youth:  S  M  L  XL Adult:  S  M  L.....\$ \_\_\_\_\_  
 Rugby Shorts (\$20) Select Size: Youth:  S  M  L  XL Adult:  S  M  L.....\$ \_\_\_\_\_  
 Total Enclosed.....\$ \_\_\_\_\_

Please make check payable to: **Morris Rugby Football Club**  
 Mail application and check to: **Ryan Chiropractic, 961 State Route 10, Randolph NJ 07869 Attn:Rugby**  
 For more information, please visit our website at **www.BlackRiverRugby.com**