

FREDERICK YOUTH – U19 RUGBY CLUB
2010 Registration

Player Contact Information

Player Name _____

Address _____

(H)Phone _____

(C)Phone _____

E-Mail (Please write carefully) _____

Date of Birth _____

Grade _____

School _____

Parent/Guardian Contact Information

Name _____

(H)Phone _____

(C)Phone _____

E-Mail (Please write carefully) _____

Name _____

(H)Phone _____

(C)Phone _____

E-Mail (Please write carefully) _____

Volunteer: (Check all that apply)

Concessions _____

Game Day Field Set Up _____

Website _____

Fund Raising _____

Transportation Help _____

Specific Concerns:

**Frederick Youth Rugby
MEDICAL RELEASE AND WAIVER OF LIABILITY**

_____ has my permission to participate in the practices, events and
(PRINT PARTICIPANT.S NAME)
games sponsored by Frederick Youth Rugby. I realize by participating in these activities, he/she may become injured. I certify that he/she is physically able to participate in a competitive rugby program. I give my permission for any and all medical attention necessary to be administered to the above named participant in the event of an accident, injury or sickness, under the direction of the authorized person(s) named below until such time as I may be contacted. I also assume responsibility for payment of any such treatment.

In consideration of being permitted to participate in rugby activities, I do hereby for myself, and as parent and/or legal guardian of _____, my heirs, executors, administrators, agents and assignees release and forever discharge event sponsors, coaches, the Frederick Youth Rugby, their agents, predecessors, successors and assigns, and all other persons involved in organizing and managing these events from all claims, demands, losses, damage actions, cause of actions or suits at law or in equity whatsoever kind of nature, arising out of rugby activities, including without limitation, any claims for personal injuries or losses to the aforementioned participant, which I may otherwise be able to assert either on my own behalf or on behalf of that aforementioned participant.

MOTHER.S/GUARDIAN NAME _____ **PHONE** _____

FATHER.S/GUARDIAN NAME _____ **PHONE** _____

INSURANCE CO. _____

POLICY # _____ **GROUP #** _____

AUTHORIZED PERSON(S) Frederick Youth Rugby Coaches

PHYSICIAN _____ **PHONE** _____

HOSPITAL _____ **PHONE** _____

KNOWN ALLERGIES _____

MEDICATIONS BEING TAKEN _____

MEDICAL CONDITIONS _____

PRINT PARENT/LEGAL GUARDIAN NAME _____

PARENT/LEGAL GUARDIAN SIGNATURE _____

DATE _____

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**

Potomac Rugby Union

Players' Code of Ethics

I here by pledge to provide a positive attitude and be responsible for my participation in High School Rugby by following this Code of Ethics:

I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every match, practice or other youth sports events.

I will attend every practice and match, and if I cannot, I will notify my coach prior to the practice or match. ***I understand that if I don't practice, then I may not play.***

I will wear my mouth guard during all practices and matches. I understand that I may be taken out of a match if I am not wearing my mouth guard.

I will never use obscene language or gestures and will never be physically or verbally intimidating to players, coaches or parents.

I will do my very best in school.

Player's Signature

Date

Potomac Rugby Union

Parents Code of Ethics

I hereby pledge to provide support, care and encouragement for my child participating in The Frederick Youth Rugby Club by following this code of ethics:

I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials in every game, practice, or other youth sports event.

I will provide support for all coaches and officials working with my child to provide a positive enjoyable experience for all.

I will provide a drug, alcohol, and tobacco free sports environment for my child by refraining from their use at all youth sports events.

I will refrain from "coaching" from the sidelines, as this may cause distraction and confusion on the field, possibly resulting in injury to the players.

I will not use obscene language or gestures and will not be physically or verbally intimidating to players, coaches or other team parents.

Parent's Signature

Date

Parent's Signature

Date

How To Register with USA Rugby

1. Go to usarugby.org
2. On left hand side click [Register Here](#)
3. Click [Create/Renew Individual Membership](#)
4. Fill in form, if you've played in the past **YES** – if you are a new player **NO**
5. Click [Continue](#)
6. Find you name in the list and click on [Your Name](#)
7. Read and agree to the term of the agreement, also to the agreement to sign the waiver and turn into the Frederick Youth U19 club administrator. *(please note that this form is included in our registration package and must be sign and returned as soon as possible)* [Accept Waiver](#)
8. Fill in contract information and click [Continue](#)
9. When filling in the form in Select Role = **Player**, in Select Level = **HS (U19)**, in Club Name = [Frederick Youth-U19 \(MD\) Club](#)
10. [SAVE](#)
11. Review and [Check Out](#)
12. Fill out credit card information (*\$20 fee, Visa and Master Card accepted*). Click [Pay Now](#)

If you do not have access to the internet or are unable to register yourself with USA Rugby, please let us know when you turn in your registration forms.