

Highlanders Rugby Club – Youth Program Registration (2 pages)

Name: _____

Address: _____

Birthdate: _____ School & Grade: _____

Parent's/Guardian's Names: _____

Home Phone: _____ Work Phone : _____

Cell Phone: _____ E-mail: _____

EMERGENCY INFORMATION:

In case of an emergency, if a parent cannot be reached, please call (list an adult other than parent)

Name: _____

Phone(s) : _____ Relationship : _____

MEDICAL INFORMATION: (Highlanders Rugby Club [HRC] is unable to provide medical insurance coverage for participants; each participant in HRC Youth Programs must therefore rely on the private coverage of a comprehensive medical insurance policy. Your disclosure of this policy will allow us to quickly access this information in the event of a medical emergency.)

My Child's Health Insurance Provider : _____

Policy #: _____

Policy Holder's Name: _____

CONSENT AND LIABILITY RELEASE:

With informed consent, I shall hold harmless the Highlanders Rugby Club, their sponsors, coaches, administrators, volunteers, officers, and owners of property on which training and matches occur for any loss or injury which might occur during participation in Highlander Rugby Club sanctioned events.

I also certify that he above listed participant has been examined within the last year by a physician and has been determined fit to participate in rigorous athletic activities.

If the aforementioned child is in need of medical care, and my immediate consent is unavailable, I hereby give the Highlanders Rugby Club coaches and administrators present our consent to appropriate medical treatment for my child. I assume full responsibility for the cost of any treatment given.

Signature of Parent/Guardian: _____ Date: _____

____ Payment Attached for Youth Rugby (\$25.00 per child): _____

____ Request Scholarship/Financial Assistance

T-shirt Size (Y=youth/A=adult)

____ YS(6) ____ YM(8-10) ____ YL(12-14) ____ ASmall ____ AMed. ____ ALarge