



Mother Lode Rugby Team Registration

(Please Print Clearly)



Name _____ Birth date _____ Phone _____

Address, City Zip _____

E-mail address _____ Players Phone _____

Height _____ Weight _____ School Affiliation _____ Fr So Jr Sr.

Fathers Name _____ Mothers Name _____

Emergency Contact _____ Relationship to Player _____

PHONE – Home _____ Work _____ Cell _____

Health Insurance Company _____ Policy # _____

Significant Health Issues (i.e. allergies, medications, etc. _____

AGREEMENT and WAIVER

I am a currently in old high school student. I have my parents or legal guardians' permission to participate and play rugby football and to travel to games and related activities. I take complete responsibility for my health, including injuries or accidents I might sustain while practicing or traveling. I'm covered by health and accident insurance for these activities, and I agree to hold harmless the coaches and officials of the Northern California rugby football Union from liabilities connected with my participation.

In addition to this waiver and release of liability for USA Rugby, I/we the parents or guardian of, _____, a minor also agree to the following:

I/We authorized the coaches or officials of the Northern California Rugby Football Union to act as my/our agent in my/our absence to obtain medical or hospital care as is reasonably necessary for the welfare of my player including any necessary transportation we authorize such care and treatment to preformed by any licensed physician or surgeon and I we agreed to bare all costs incurred as a result of the foregoing.

Applicant _____ Date _____

Parent or Guardian _____ Date _____

Check #

CIPP#