



CIPP#: _____
Chk#: _____
Amt: _____

COVENTRY RUGBY WILDCATS

2018 SPRING RUGBY REGISTRATION

Practices will be one to two evenings per week, Tuesdays and Thursdays, and Sundays when possible. Games will be on Sundays. Some practices in preseason may be on Fridays.

Player Name: _____ Date of Birth: ___/___/___ Male:___Female:___

Primary Contact Email: _____

School District: _____ School: _____

Township: _____

Current School Grade: SR JR 10th 9th 8th 7th 6th 5th (check one); Other _____

- Grades 6 & 7: Youth / U13 \$ 80.00 (includes 5th grade with approval)
- Grades 8&9: Junior / U15 \$120.00
- Grades 10, 11 & 12: Highschool / U18 \$120.00

* Does not include registration of players with Rugby/PA. When notified by your coach register player at www.RugbyPA.org. Cost is in addition to the dues noted above.

Make checks payable to: Coventry RFC, Inc.
Mail payment and forms to: Mal Bland, 2486 Jones Road, Pottstown, PA 19465

Questions: Email CoventryRFCWildcats@gmail.com
or phone Mal Bland (610)469-9342 or Jamie Frees (484)624-4247

I, _____, being the parent or legal guardian of _____, grant permission for him/her to participate in rugby football. In consideration of this opportunity afforded him/her, I do hereby release USA Rugby, the RugbyPA, Coventry RFC, Inc. and its members from all actions, causes of action, damages, claims and demands, in law or in equity, of every kind and character I may now or hereafter have against them.

Coventry RFC, Inc. has a zero tolerance policy of any use and abuse of all drugs, smoking, alcohol, and mood-altering substances. Any player found smoking or using alcohol, drugs, or mood-altering substances during any rugby event or while traveling to and from any rugby event will be dismissed from the team.

By signing below, the parent and player acknowledges the above paragraphs and the consequences.

PARENT'S SIGNATURE: _____ Date: _____

PLAYER'S SIGNATURE: _____ Date: _____

Emergency Info Form: _____
South Coventry Waiver: _____
USA Rugby Participation Form: _____



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COVENTRY RUGBY WILDCATS EMERGENCY INFORMATION SHEET

All players must complete this form and hand it in with their registration form.

Player Name: _____ Date of Birth: ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Mobile Phone: () _____

Parent Contact Information:

Parent 1 Name: _____ Parent 2 Name: _____

Parent 1 Home Phone: () _____ Parent 2 Home Phone: () _____

Parent 1 mobile Phone: () _____ Parent 2 Mobile Phone: () _____

Parent 1 Email: _____ Parent 2 Email: _____

List two persons to contact in case of an emergency (not parents):

First Contact: _____ Home Phone: () _____

Relationship: _____ Mobile Phone: () _____

Address: _____

Second Contact: _____ Home Phone: () _____

Relationship: _____ Mobile Phone: () _____

Address: _____

Insurance Information: (Please copy both side of insurance card and attach)

Insurance Company: _____ Policy #: _____

Physician's Name: _____ Phone: _____

Important:

Are you allergic to any medications? _____ If so, what? _____

Do you have any allergies? _____ If so, what? _____

Do you suffer from: Asthma Diabetes Epilepsy Heart Condition

Have you experienced concussion in the past 12 months: _____ (Y/N); If yes then provide Doctor's note.

Are you on any medication? _____ If so, what? _____

Do you wear glasses or contacts? _____

PARENT'S SIGNATURE: _____ Date: _____

PLAYER'S SIGNATURE: _____ Date: _____

Emergency Info Form: _____
South Coventry Waiver: _____
USA Rugby Participation Form: _____

USA RUGBY RELEASE OF LIABILITY

I ACKNOWLEDGE THAT BY SIGNING THIS DOCUMENT, I AM AGREEING TO RELEASE THE RELEASED PARTIES FROM LIABILITY. I HAVE THEREFORE BEEN ADVISED TO READ THIS DOCUMENT CAREFULLY BEFORE SIGNING IT.

This Participation Agreement and Waiver and Release of Liability is entered into by the undersigned "Participant" in favor of USA Rugby, its member unions, clubs, organizations, affiliates, partners, sponsors, vendors, directors, officers, employees, volunteers, members, agents, contractors, contracted entities and facilities and the owners and lessors thereof, (hereinafter referred to as "USA Rugby" or collectively as the "Released Parties").

I understand that participation in USA Rugby activities is a privilege but not a right. In consideration for the privilege of participation in USA Rugby activities, I and my Parent/Guardian, if applicable, acknowledge and agree as follows:

1. Participation in the activities of USA Rugby, including but not limited to warm-up, training, practice, games, clinics, travel, and social events (referred to herein as the "Activities"), includes participation in a full-contact sport, requires good health and fitness and can be **HAZARDOUS AND PRESENT A DANGER TO ME**. I believe I am qualified to participate in the Activities, and if at any time I believe the conditions to be unsafe, I will immediately discontinue further participation in the Activities _____ INITIAL HERE
2. Participation in Activities exposes me to **RISKS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH**. Risks may arise out of contact and/or participation with other participants, spectators, equipment, field, facility and/or fixed objects; falls, collisions, rough play, and other mishaps; exposure to adverse weather conditions and/or high altitude; flaws and defects in equipment and facilities; irregular field conditions; and negligent field maintenance, negligent officiating, negligent coaching and negligent participation. Risks may be caused by my own actions, or inaction, the actions or inaction of others participants, the condition of the facilities in which the Activities take place, and/or **THE NEGLIGENCE OF THE "RELEASED PARTIES."** There may be other risks and social and economic losses either not known to me or not readily foreseeable at this time. _____ INITIAL HERE
3. Assumption of the Risks. **I CONSENT TO PARTICIPATION IN THE ACTIVITIES AND FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES** incurred as a result of such participation. _____ INITIAL HERE
4. Waiver and Release of Liability. In consideration for the privilege of my participation in the Activities, I hereby **RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS RELEASED PARTIES** from any and all liability, demands, losses, medical expenses, lost opportunities, damages or attorneys fees and costs stemming from any or all claims for negligence, expressed or implied warranty, contribution, and indemnity, and/or claims of negligent rescue operations, first aid, and emergency care, to the broadest extent permitted by applicable law, including C.R.S. § 13-22-107 if I am a Minor, suffered by me and incurred on my account with respect to my personal injury and other injury or harm, disability, and/or death, or property damage, arising directly or indirectly from my participation in Activities, as caused or alleged to be caused in whole or in part by the Released Parties or any of them, and further agree that if, despite this Release, I or any other person makes a claim on my behalf against any of the Released Parties, unless, and to the extent, prohibited by law, **I AND MY PARENT/GUARDIAN, IF APPLICABLE, WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASED PARTIES FROM ANY LIABILITY, LITIGATION EXPENSES, ATTORNEY FEES, LOSSES, DAMAGES OR COSTS ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM, WHETHER ASSERTED BY ME, MY PARENT/GUARDIAN, IF APPLICABLE, OR ANOTHER PERSON.** _____ INITIAL HERE
5. Governing Law, Venue and Jurisdiction: I understand and agree that this document is intended to be as broad and inclusive as permitted under applicable law and shall be governed by Colorado law. In the event of a dispute, the exclusive venue and jurisdiction for any lawsuit arising out of such dispute shall be the state court of Boulder County, or the federal courts located in Denver, Colorado. _____ INITIAL HERE
6. Severability: If any provision of this document is determined to be invalid for any reason, such invalidity shall not affect the validity of any of the other provisions, which other provisions shall remain in full force and effect as if this document had been executed with the invalid provision eliminated. _____ INITIAL HERE

I HEREBY CERTIFY THAT I HAVE COMPLETELY READ AND UNDERSTAND THIS AGREEMENT AND ITS TERMS. PRIOR TO SIGNING THIS AGREEMENT, I HAVE HAD THE OPPORTUNITY TO ASK ANY QUESTIONS ABOUT THIS AGREEMENT. I AM AWARE, BY SIGNING THIS AGREEMENT, THAT I ASSUME ALL RISKS AND WAIVE AND RELEASE CERTAIN RIGHTS THAT I AND EACH OF MY HEIRS, NEXT OF KIN, FAMILY, RELATIVES, GUARDIANS, CONSERVATORS, EXECUTORS, ADMINISTRATORS, TRUSTEES AND ASSIGNS MAY HAVE AGAINST RELEASED PARTIES. THIS RELEASE SHALL BE EFFECTIVE AND BINDING UPON ME. I FURTHER REPRESENT THAT I AM AT LEAST 18 YEARS OF AGE OR, IF I AM UNDER THE AGE OF 18, THAT MY PARENT OR GUARDIAN HAS SIGNED THIS FORM IN THE "CONSENT" SECTION BELOW.

Participant Signature _____ Printed Name _____ Date _____

Witness _____ Printed Name _____ Date _____

CONSENT OF PARENT/GUARDIAN FOR PARTICIPANTS UNDER 18

I REPRESENT THAT I AM THE PARENT/GUARDIAN OF THE UNDERSIGNED PARTICIPANT, WHO IS UNDER 18 YEARS OF AGE. I HAVE READ THE ABOVE RELEASE AND AM FULLY FAMILIAR WITH THE CONTENTS THEREOF. IN CONSIDERATION FOR ALLOWING MY CHILD/WARD TO PARTICIPATE IN ACTIVITIES, I HEREBY CONSENT TO THE FOREGOING ON BEHALF OF MY CHILD/WARD AND AGREE THAT THIS RELEASE SHALL BE BINDING UPON ME, MY CHILD/WARD, HEIRS, LEGAL REPRESENTATIVES AND ASSIGNS.

Parent/Guardian Signature Printed Name Date

Witness Printed Name Date

USA RUGBY RULES ACKNOWLEDGEMENT

1. I understand and agree to abide by all International Rugby Board, USA Rugby, territorial and local area union rules and regulations, including the arbitration procedures therein, for any dispute regarding my eligibility or right to participate in, USA Rugby-sponsored and USA Rugby-sanctioned activities and events, 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 website (www.usarugby.org).
2. 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.
3. I am aware that USA Rugby has the right to revoke my membership registration and therefore my eligibility to play or coach, in the event of any violation of the aforementioned statement.

I HAVE READ THIS ACKNOWLEDGMENT AND FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. IN CONSIDERATION FOR THE PRIVILEGE OF PARTICIPATION IN USA RUGBY ACTIVITIES, I FURTHER REPRESENT THAT I AM AT LEAST 18 YEARS OF AGE OR, IF I AM UNDER THE AGE OF 18, THAT MY PARENT/ GUARDIAN HAS SIGNED THIS FORM IN THE SECTION BELOW.

Participant Signature Printed Name Date

CONSENT OF PARENT/GUARDIAN FOR PARTICIPANTS UNDER 18

I REPRESENT THAT I AM THE PARENT/GUARDIAN OF THE UNDERSIGNED PARTICIPANT, WHO IS UNDER 18 YEARS OF AGE. I SIGN THIS DOCUMENT VOLUNTARILY AND WITH FULL UNDERSTANDING OF ITS TERMS AND LEGAL SIGNIFICANCE. I ATTEST THAT, IF I AM THE SOLE PARENT/GUARDIAN SIGNING BELOW, MY SIGNATURE IS SUFFICIENT TO CONSENT TO THE PARTICIPATION OF THE MINOR IN THE ACTIVITIES AND TO ENTER INTO THIS AGREEMENT ON BEHALF OF THE MINOR.

PROVIDE NAME OF MINOR:

Parent/Guardian Signature Printed Name Date

Parent/Guardian Signature Printed Name Date

*****PLEASE PRINT, INITIAL, SIGN AND RETURN TO YOUR AFFILIATED CLUB*****

All clubs are required to maintain the signed waivers & releases in their possession for a minimum of three (3) years and provide to USA Rugby at any time upon request.

For more information about USA Rugby's Liability Insurance protection, please visit: www.usarugby.org.