

Santa Fe Youth Rugby

Spring 2014 Registration Form

PLAYER

Name _____ Boy or Girl? Date of Birth _____

School _____ Grade _____ Team Requested _____

Medical Conditions _____

PARENT / GUARDIAN / ER CONTACTS

Name _____ Name _____

Relationship _____ Relationship _____

Phone _____ Phone _____

Email _____ Email _____

Parent Consent for Participation in Santa Fe Youth Rugby

I, _____, the **parent or guardian** of _____, do hereby give my approval for my child's participation in all Santa Fe Youth Rugby, New Mexico Youth Rugby, and Santa Fe Rugby activities, and assume all such risks and hazards incidental to participation. I also give my permission, in my absence, for any necessary emergency medical treatment to be administered by a licensed physician. I absolve, indemnify and agree to hold harmless Santa Fe Youth Rugby and its programs, sponsors, coaches and other participant's from all such risks and hazards. I have read and understand the USA Rugby CIPP Program Waiver I hereby affirm that the above information is true and correct, and that I have read and agree to the terms of the USA Rugby waiver attached to this form.

Signature: _____ Date: _____

Can you help?

Obtain a Sponsorship? Other Fundraising Concessions
Be a Team Parent? Coach or officiate? Other _____

To register: Send completed form and check to Greg Smith, 2312 Cedros Circle, Santa Fe, NM 87507. Fee is \$40 for one child. \$30 for each additional child from the same family. For more information, call (505) 690-2761 or email info@santafeyouthrugby.com