

Salesianum Rugby Registration Packet

The forms in this packet are required by EVERY rugby player. Please answer thoroughly and neatly.

- The “Player Information Form” gives me the info I need to register players with **USA Rugby**. It also helps me to build a data base for communication during the season.
- The “Emergency Treatment” form gives me the info I need to care for an injured player effectively in case of an emergency. We practice at a satellite field so there is no athletic trainer on site during practice. I will have a med kit at practice and athletic trainers will be at games.
- The “Player Code of Conduct” is a required form by the Eastern Pennsylvania Rugby Union (EPRU).
- The “Medical Insurance Agreement...” form is the liability waiver form that is required to finalize the individual membership for each player with **USA Rugby**.

Forms are to be turned into Mr. McGowan or Coach Wells. Forms must be turned in before participation.

***Registration Forms are due by Tuesday, February 9.**

➤ **If you are starting after Feb 9, bring them to your first practice.**

Please print these forms front to back in order to save filing space and paper.



Practice Transportation Permission Slip

Any player who does not drive himself must have written permission to ride with other students or parents **FROM SCHOOL TO PRACTICE** and to games.

Please indicate who you son is allowed to ride with. (you may write multiple names, additions may be made later)

My son _____, has permission to ride with:

Parent Signature: _____

Date: _____

Salesianum Rugby Player Information (please print legibly)

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: _____ / _____ / _____

Grade for '09-'10 _____

Player Email: _____

Parent Email: _____

** I need at least one email for registration*

Home Phone: _____

Player Cell: _____

Parent Cell: _____

Address:

Street: _____

City: _____

State: _____

Zip: _____

T-shirt size: _____

Waist size: _____ in inches please



SALESIANUM SCHOOL ATHLETIC DEPARTMENT
EMERGENCY TREATMENT INFORMATION

Student's Name _____ Birth Date _____ Y.O.G. _____
Last First M.I.

Home Address _____ Home Phone _____

City _____ State _____ Zip _____

Mother/Guardian Name _____ Father/Guardian Name _____

Mother's Place of Employment _____ Work Phone _____ Ext. _____

Father's Place of Employment _____ Work Phone _____ Ext. _____

If parents or guardians cannot be reached, call:

1. Name: _____ Relationship _____ Phone _____

2. Name: _____ Relationship _____ Phone _____

Family Physician _____ Phone _____ Family Dentist _____ Phone _____

Student's Medical Problems _____

Student's Allergies _____

Medical Insurance Company _____ Acct. Number _____ Group Number _____

ATHLETIC DEPARTMENT
EMERGENCY PROCEDURES

The athletic Department has adopted the following procedures in caring for your son when he becomes sick or injured at a school athletic event:

In case of emergency and/or need of medical or hospital care:

1. The school will call the home. If there is no answer,
2. The school will call the father's, mother's, or guardian's place of employment. If there is no answer.
3. The school will call the other telephone numbers listed above, including physician.
4. If none of the above answer, the school will call an ambulance if necessary to transport your son to the hospital.
5. Based upon the medical judgment of the attending physician, your son may be admitted/treated at the hospital.
6. The school will continue to call the parents, guardians, or physician until one is reached.

If I cannot be reached, and the school authorities have followed the procedures described, I agree to assume all expenses for moving and medically treating my son. I also hereby consent to any treatment, surgery, diagnostic procedures, or the administration of anesthesia, which may be carried out based on the medical judgment of the attending physician.

Parent or 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 FOREC 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**