

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 final two pages, 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 14.**

➤ **If you are starting after Feb 14, 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 '11-'12 _____

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 _____

- MINOR (PARTICIPANTS UNDER 18) -

USA RUGBY PARTICIPATION AGREEMENT AND WAIVER AND RELEASE OF LIABILITY

PLEASE READ CAREFULLY BEFORE SIGNING. THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS AND ASSUMPTION OF THE RISK AGREEMENT.

This Participation Agreement and Waiver and Release of Liability is entered into between the undersigned "Parent" or "Guardian" and the minor participant "Participant" and 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 "Releasees").

In consideration for the privilege of participation of the Participant in USA Rugby activities, Participant, Parent or Guardian 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 PARTICIPANT**. Participant and Parent or Guardian believe the Participant is qualified to participate in Activities, and if at any time the Participant, Parent or Guardian believe conditions to be unsafe, he/she will immediately discontinue further participation in the Activities _____, _____, _____ INITIAL HERE
2. Participation in Activities exposes Participant 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 the Participant's 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 "RELEASEES"**. Some Risks cannot be predicted or controlled. 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 the Participant's participation in the Activities, each undersigned hereby **RELEASES, DISCHARGES, COVENANTS NOT TO SUE, AND AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS RELEASEES** 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, suffered by the Participant, Parent or Guardian or incurred on his/her account with respect to the Participant's personal injury and other injury or harm, disability, and/or death, or property damage, arising directly or indirectly from the Participant's participation in Activities, as caused or alleged to be caused in whole or in part by the Releasees or any of them, and further agrees that if, despite this release, the Participant or any other person makes a claim on the Participant's behalf against any of the Releasees, **THE UNDERSIGNED WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LIABILITY, LITIGATION EXPENSES, ATTORNEY FEES, LOSSES, DAMAGES OR COSTS ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM, WHETHER ASSERTED BY THE UNDERSIGNED, THE PARTICIPANT, OR ANOTHER PERSON** _____, _____, _____ INITIAL HERE
5. Governing Law, Venue and Jurisdiction: The undersigned understands and agrees 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
1. 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

THE UNDERSIGNED PARTICIPANT AND PARENT AND/OR GUARDIAN HEREBY CERTIFY THAT PARTICIPANT IS UNDER 18 YEARS OLD, THAT I HAVE COMPLETELY READ AND UNDERSTAND THIS AGREEMENT AND ITS TERMS. THAT PRIOR TO SIGNING THIS AGREEMENT, I HAVE HAD THE OPPORTUNITY TO ASK ANY QUESTIONS ABOUT THIS AGREEMENT. I AM AWARE, BY SIGNING THIS AGREEMENT 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 RELEASEES.

Parent/Guardian Signature _____ Printed Name _____ Date _____

I AM A PARENT/GUARDIAN OF THE PARTICIPANT, AND I ATTEST THAT I HAVE LEGAL RESPONSIBILITY OVER THE PARTICIPANT, AND, MY SIGNATURE IS SUFFICIENT TO CONSENT TO THE PARTICIPATION OF THE PARTICIPANT IN THE ACTIVITIES AND TO ENTER INTO THIS AGREEMENT FOR AND ON BEHALF OF THE PARTICIPANT.

Parent/Guardian Signature _____ Printed Name _____ Date _____

Witness _____ Printed Name _____ Date _____

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

