



WOODLANDS YOUTH RUGBY CLUB

a Texas non-profit corporation

2009-2010 Fees

Girls	\$190.00 Kit Optional
U11 / U13	\$190.00 Kit Optional
U15	\$250.00 Kit Optional
Junior Varsity	\$400.00 Includes Kit
Varsity	\$400.00 Includes Kit

Kit \$100.00 quantities are limited.

Girls & Boys Rugby Registration Form

Fees for the WYRC 2009-2010 season include: WYRC Registration dues, Texas Youth Rugby Association, Western Rugby Union USA Rugby registration and dues, CIPP Liability Insurance, tournament fees, shorts, socks & t-shirt. Kit includes: Warm up suit, rugby gear bag, and team polo. Additional travel expenses may be required. The **Kit is mandatory** for JV and Varsity & optional for other teams. **WYRC will register every player with USA Rugby after this completed packet and fees are turned in, please do not go online and register directly with USA Rugby.**

Please attach the following:

1. A copy of a current calendar year physical is required for all players.
2. All players must attach a copy of the player's state issued birth certificate.
3. Varsity and JV players must attach a copy a current state issued driver's license / ID or passport.
4. WYRC – Club Waiver - signed
5. WYRC – Code of Conduct - signed
6. WYRC – Acceptance of Requirements - signed

Registration Packet must be fully completed and dues paid before players may engage in contact drills.

Registration packet includes: Player and Parent or Guardian Information , Uniform Size, Parent Website Authorization, WYRC Medical Information, USA Rugby Liability & CIPP.

REGISTRATION FORM			
PLAYER INFORMATION			
Gender	Male Female <small>Circle one</small>	Current Grade:	
Player Name:	Last		
	First		
Date of Birth:			Age:
School:	ID Number:		
Cell No:		Email Address:	
Other Sport or Activities:			
Uniform sizes			
Shirt Size: XS S M L XL XXL (circle one) Men's sizing		Boys Waist or Ladies Hip: _____ Inches	
Short Size: XS S M L XL XXL (circle one) Men's sizing			
PARENT CONTACT INFORMATION			
Parent or Guardian where player currently resides:			
Parent/Guardian Name:			
Parent Address:			
Email Address:			
Home Phone:	Parent Cell No:		



Website & Photograph Authorization

I hereby authorize the Woodlands Rugby Club the absolute and irrevocable right and permission to use, reuse or publish all pictures of the rugby player

(First name)

(Last name)

taken in the course of activities associated with the Woodlands Youth Rugby Club. Further, I grant to the Woodlands Youth Rugby Club, and those the club may represent, the right to use the rugby player's name in connection with the Club's activities and promotions. The intended use of photographs and names is to promote the Club's activities on the Club's website woodlandsrugby.org or woodlandsrugby.com, texasrugby.org, usarugby.org and in other media —such as newspapers, school bulletins, radio or television.

I have fully read the foregoing and completely understand the contents.

Signature of participant (if under 18, Parent or Guardian)

_____ Date _____

(Printed name)

Woodlands Youth Rugby Club



MEDICAL INFORMATION FORM

Name _____
Player _____

MEDICAL HISTORY

1. Are you aware of any current health problems? Yes/ No
2. Has there been any surgery, injury, illness, allergy, or change in health status in the last year. Yes/No
3. Is there a history or current disease or problems regarding the following : (for any yes answer please give dates and full details below)

	YES	NO		YES	NO
Asthma			Diabetes		
Concussions			Appendicitis		
Attention Deficit Disorder			Heart trouble		
Rheumatic fever			Epilepsy		
Seizure			Deformity		
Hernia (rupture)			Nervous condition		
Surgery			Convulsions		
Back, limbs or joints			Chest and lungs		
Nose, sinus, tonsils			Teeth		

Details :

SPORT SPECIFIC INJURIES

Include any type of injury, date and if hospitalization or surgery was required.

HEAD.....

SPINE.....

SHOULDERS.....

KNEES.....

ANKLES.....

OTHER.....

IMMUNIZATIONS

If immunized, check the box and put in the year of the immunization. If had the disease, put "D" and the year of the disease.

YES	NO	DATE		YES	NO	DATE	
			Diphtheria				Mumps
			Tetanus				Rubella
			Measles				Hepatitis A
			Polio				Hepatitis B

Has it ever been necessary to restrict the players activities for medical reasons YES/NO
 If yes EXPLAIN.....

Does the player take medication (prescription or over the counter) on a regular basis? YES/NO

If yes please list in detail the drug, dosage, method of taking and the frequency.

Any other medical information such as special diet, allergies or any condition that may require special care?

PARENT OR GUARDIAN SIGNATURE

Name of Parent/Guardian.....Date signed

Parent /Guardian Signature.....

Players Signature.....



2009-2010 West & Pacific Coast (MINOR) Enrollment Application

USA Rugby Membership Services

2500 Arapahoe Ave., Suite 200, Boulder, CO 80302

Fax: 303-302-0239 Phone #: 303-539-0300

To avoid the processing \$1.50 fee, register online at https://membership.usarugby.org

ENROLLMENT INFORMATION – PLEASE PRINT LEGIBLY

Registration form fields including: Previously Registered with USA Rugby, Club Name, Date of Birth, Gender, First Name, Last Name, Mailing Address, City, State, Zip, Phone, E-mail address, and Registration Type (Player, Referee, Administrator).

ENROLLMENT CLASSIFICATION AND ANNUAL FEES – CHECK ONE ONLY

Classification and fees table with categories: Senior (\$60.00), Collegiate (\$50.00), High School (\$35.00), Youth (\$10.00), Fan (\$25.00). Includes processing fee of \$1.50 and a total individual enrollment fees field.

METHOD OF PAYMENT

Payment method fields including: Organization Check, Personal Check, Invoice, Visa, MasterCard, Credit Card Number, Security Code, Expires, and a note to write numbers clearly.

SIGNATURE – Your application will not be processed without a signature.

I hereby affirm that the above information is true and correct, and that I have read and agree to the terms of the waiver on back of this form, and that if registering as a coach I consent to a background check.

Signature: _____ Date: _____

Parent/Guardian Signature (If under 18 years old): _____ Date: _____

Incomplete or unsigned forms cannot be processed. Send signed original form to USA Rugby - Retain a photocopy for your records. Please allow 3-4 weeks for processing.

- 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 RISKS 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

- MINOR (PARTICIPANTS UNDER 18) -

USA RUGBY (MINOR) MEDICAL INSURANCE AGREEMENT AND USA RUGBY RULES ACKNOWLEDGEMENT

1. I, the undersigned parent/guardian, acknowledge that the minor child identified below (the "Minor") is covered by a personal or group insurance policy that has \$100,000 or more in coverage for medical, hospitalization, and other expenses of treatment and care should the Minor be injured or become ill while or as a result of participating in the Activities (as defined below) **WITH NO RESTRICTION FOR ACCIDENTS OR ILLNESSES WHILE PARTICIPATING IN SPORTS, SPORTS-RELATED ACTIVITIES, OR RECREATIONAL ACTIVITIES.** I understand such insurance will be my and the Minor's primary source of payment should medical treatment be necessary as a result of participation in the Activities. The undersigned accepts full financial responsibility for and agrees to pay all costs of medical treatment or care incurred due to the Minor's illness or injury arising out of the Activities that are not covered by such insurance policy.
2. The Minor will 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 the Minor's eligibility or right to participate in, USA Rugby-sponsored and –sanctioned activities and events, as set forth in the Bylaws of USA Rugby, as they are amended on a periodic basis, which are available on the USA Rugby web site (www.usarugby.org).
3. I affirm that the Minor is 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 the Minor's citizenship status with the appropriate governmental agencies.
4. I am aware that USA Rugby has the right to revoke the Minor's CIPP enrollment, and therefore his/her eligibility to play or coach, in the event of any violation of the aforementioned statement.

I HAVE CAREFULLY READ THIS MEDICAL INSURANCE AGREEMENT AND BY SIGNING BELOW AGREE TO ALL OF ITS TERMS. I SIGN THIS DOCUMENT VOLUNTARILY AND WITH FULL UNDERSTANDING OF ITS TERMS AND LEGAL SIGNIFICANCE. I AM A PARENT/GUARDIAN OF THE MINOR, AND I ATTEST THAT I HAVE LEGAL RESPONSIBILITY OVER THE MINOR, AND FURTHER 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 MEDICAL INSURANCE AGREEMENT ON BEHALF OF THE MINOR.

PROVIDE NAME OF MINOR:

Parent/Guardian Signature Printed Name Date

Parent/Guardian Signature Printed Name Date

PLEASE PRINT, 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.