



**Bruins Youth Rugby Program
Summer 2009 Registration
Registration Due June 8th
www.BruinsRugby.com**



Return completed registration forms with payment to:

Address: **Bruins Rugby – C/O: Rachel Nicol – 73 Brooklyn Rd., Stanhope NJ, 07874**
 Checks payable to: **Morris Rugby**
 Fee: **\$55.00 per child**

Player Information

Name: _____
 Street: _____ Town: _____ ZIP: _____
 Phone: _____ E-mail: _____ Parent(s) Name: _____
 Sex: M / F Birth Date: _____ Grade: _____ School: _____

Uniform / Equipment Information

Shorts: *If your child requires new shorts Add \$5.00 - please circle the appropriate size.* Youth *M* Youth *L* Adult *S* Adult *M* Adult *L* Adult *XL*

T-Shirt: *Please circle one of the following ->* Youth: **L** Adult: **S** **M** **L**

Jersey: *Add \$20.00 and circle the appropriate size: (Necessary if you don't have one from last year)* Youth *M* Youth *L* Adult *S* Adult *M* Adult *L* Adult *XL*

Medical Information

Does your child suffer from any health conditions that coaches and or participants should be aware of?	
Does your child take medication in certain emergencies?	
Does your child suffer from any allergies?	
Emergency / Contact Name:	Phone #:

Registration Fees

Registration	\$55.00
Shorts (If you don't have a pair with Velcro)	\$15.00
Jersey (If you do not have one it is recommended)	\$20.00
Rugby Ball indicate Size 4 (smaller) Size 5 (larger) - Optional	\$15.00
Total	_____

Acknowledgment and Authorization:

I, the parent or guardian of the player named above, do hereby give my permission in my absence for any necessary emergency medical treatment to be administered by a licensed physician. I also give my approval for his/her participation in all Morris Rugby Corporation activities and assume all such risks and hazards incidental to participation. I absolve, indemnify and agree to hold harmless Morris Rugby Corporation and its programs, sponsors, coaches and other participant's from all such risks and hazards. I hereby grant Morris Rugby Corp., or its assignees, permission to use my child's image for educational and promotional purposes.

Parent / Guardian Signature: _____ Relationship: _____ Date: _____

For Bruins Rugby use only:

Check Amount: \$ _____ Check #: _____ Cash Amount: \$ _____