

Bruins Youth Rugby Program Summer 2010 Registration

Registration Due June 8th

www.BruinsRugby.com



Return completed registration forms with payment to:

Address: **Bruins Rugby – C/O: Rachel Nicol – 73 Brooklyn Road - Stanhope NJ, 07874**

Checks payable to: **Morris Rugby**

Fee: **\$55.00 per child**

Player Information

Player Name: _____ **Parent(s) Name:** _____
Street: _____ **Town:** _____ **Zip:** _____
Phone: _____ **Cell:** _____ **E-Mail:** _____
Sex: M / F **Birth Date:** _____ **Grade in Fall 2010:** _____ **School:** _____

Uniform / Equipment Information

Shorts:	\$15.00 <i>If you don't have a pair w/ Velcro or need a new pair</i>	<i>Youth</i>	<i>Youth</i>	<i>Adult</i>	<i>Adult</i>	<i>Adult</i>	<i>Adult</i>	
		<i>M</i>	<i>L</i>	<i>S</i>	<i>M</i>	<i>L</i>	<i>XL</i>	
T-Shirt:	<i>Please circle one of the following:</i>							
		Youth:	M	L	Adult:	S	M	L
Jersey:	\$25.00 (runs very small) <i>If you don't have one or need a new one</i>	<i>Youth</i>	<i>Youth</i>	<i>Adult</i>	<i>Adult</i>	<i>Adult</i>	<i>Adult</i>	
		<i>M</i>	<i>L</i>	<i>S</i>	<i>M</i>	<i>L</i>	<i>XL</i>	

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:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="width: 40%;">Phone #:</td> </tr> </table>		Phone #:
	Phone #:		

Registration Fees

Registration	\$55.00	\$55.00
Shorts (If you don't have a pair w/ Velcro or need a new pair)	\$15.00	
Jersey (If you do not have one it is recommended)	\$25.00	
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. Refund policy is at the discretion of the club (Bruins Youth Rugby).

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

For Bruins Rugby use only:

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