

Bruins "Flag" Youth Rugby Program - Summer 2011



2011 SUMMER REGISTRATION OPEN... APRIL 7th ~ May 26th.

To play a form must be completed for each player **BEFORE May 26th.**

Please send application with check to: Courtney Zeich c/o Bruins Rugby 38 Broad Ave. Stanhope, NJ 07874

Please make checks payable to Morris Rugby Inc. WE ACCEPT: Cash OR Checks

Total amount Enclosed: \$ _____ Check # _____ **Late Fee:** (\$15 after May 26th) \$ _____

ONLY \$75 includes: Registration, Game Jersey, T-Shirt, Water Bottle and Team Bag *(\$70 for siblings)* _____

RUGBY JERSEY circle size: YXS, YS, YM, YL, XL ~ AS, AM, AL, AXL _____

RUGBY T-SHIRT circle size: YXS, YS, YM, YL, XL ~ AS, AM, AL, AXL _____

RUGBY SHORTS (\$15.00 each) circle size: YXS, YS, YM, YL ~ AS, AM, AL, AXL _____

Donations/Sponsorship: _____ Given by: _____

Child's First Name: _____ Last Name: _____

Address: _____ Age _____ M _____ F _____

City, Zip: _____ Fall 2011 Grade _____ D.O.B. _____

Please provide a legible E-Mail address. E-Mail is the Bruins primary method of communication.

Please PRINT your E-mail Address: _____

Parent/Guardian Names: _____

Home Phone: _____ Cell Phone: _____

Additional Emails/ Phone Contact info: _____

MEDICAL INFORMATION:

Please list any special needs that your child may have that will assist us in providing a successful experience:

Please describe any medical or health problems your child may have: _____

Is there medication to be taken in certain emergencies? _____ if yes, please describe _____

NOTE: All students who wear eye glasses for playing MUST use sports glasses this year.

HOW CAN YOU HELP THE BRUINS?

Please circle if you can volunteer for any of the following job. **Training and certification will be provided for all volunteers!**

Assistant Coach ~ Team Parent ~ Referee ~ Photographer ~ Equipment ~ Home Game Help ~

Can you sponsor a team or find us one for \$150.00? If so, please provide your inf. below:

Name: _____ Phone: _____

Parental Consent: 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, promotional, fundraising and general public relations purposes.

My child has my permission to participate in this program.

Parent/Guardian Signature _____ Relationship _____ Date _____

Annual Membership is not required for children to participate in our Youth Programs.

However, we do ask that each family consider joining and supporting our parent organization.

Morris Rugby Inc. is a non-profit that oversees more than 20 area youth, school, and adult rugby programs.

\$35 Annual General Membership \$ _____ Members will receive invitations to special events **and** our Annual Report

Paid membership receives a 1 yr., **half priced subscription** to Rugby Magazine for (\$15) \$ _____

**** Morris Rugby is a 501-c-3 New Jersey Non-Profit Corporation. ****