

## Scottsdale Wolves U13 Rugby - Registration 2011-2012

First Name	Last Name												
Nickname	Date of birth												
Email	Gender (male/female)												
Mobile Phone	Home Phone												
Address													
Rugby Experience	USA Rugby CIPP# (if known)												
Mother's Full Name	Mother's Email												
Mother's Mobile Phone	Mother's Home Phone (if dif)												
Mother's Address (if dif)													
Father's Full Name	Father's Email												
Father's Mobile Phone	Father's Home Phone (if dif)												
Father's Address (if dif)													
Indicate any medical or other issue the club should be aware of													
How did you find the club?													
<p>The Registration fee for the 2011-2012 season is \$60 for Under 13 players (Touch Rugby). This includes the player's individual registration with USA Rugby (3rd party liability insurance) and a uniform kit (socks, shorts and shirt) for the player to keep.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"></td> <td style="text-align: right;">2011-2012 Registration</td> <td style="text-align: right;">\$60.00</td> </tr> <tr> <td></td> <td style="text-align: right;">Additional Uniform kit - \$30 each</td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;">Ball - \$10</td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;"><b>TOTAL:</b></td> <td style="text-align: right;">_____</td> </tr> </table>			2011-2012 Registration	\$60.00		Additional Uniform kit - \$30 each			Ball - \$10			<b>TOTAL:</b>	_____
	2011-2012 Registration	\$60.00											
	Additional Uniform kit - \$30 each												
	Ball - \$10												
	<b>TOTAL:</b>	_____											
Circle the appropriate shirt and short size below and pick a jersey number (1-15):													
<b>Shirt Size</b>	YS      YM      YL      AS      AM      AL      AXL      A2XL												
Chest Size	24-26"    27-30"    31-34"    34-36"    37-40"    41-44"    45-48"    49-52"												
<b>Shorts Size</b>	YXS      YS      YM      YL      AS      AM      AL      AXL      A2XL												
Waist Sizes	18-20"    21-22"    23-24"    25-26"    29-30"    31-34"    35-38"    39-42"    43-46"												
<p><b>Fill-in this registration form along and the following 3 pages. Sign/initial all the proper areas and send all pages along with a check for the registration to: Joël Borie, 5814 N. Cattletrack Road, Scottsdale, AZ 85250.</b></p>													

# Scottsdale Wolves Rugby Football Club

## PERMISSION & RELEASE FORM

### PERMISSION TO PARTICIPATE, RELEASE, INDEMNITY and AUTHORIZATION FOR EMERGENCY MEDICAL AND DENTAL TREATMENT

#### PERMISSION

The undersigned parent(s) or legal guardian(s) of , hereby grant(s) permission for him/her to participate in the sport of rugby, and related activities, with the Scottsdale Wolves Rugby Football Club or Scottsdale U-19 Boys High School Rugby Club. In granting this consent, the undersigned understands and acknowledges the physical nature of the sport of rugby and the risks inherent in such physical activity.

#### RELEASE AND INDEMNITY

In consideration for the above player being permitted to participate in the activity specified above, the undersigned agree(s) to not make or join in a claim or civil suit for injury, death or property damage against Scottsdale Wolves Rugby Football Club, Scottsdale U-19 Boys High School Rugby Club, Scottsdale Blues Rugby Football Club and the Arizona Rugby Football Union and its constituent bodies, the Arizona Rugby Referees Society and all affiliated entities, including, without limitation, their respective administrators, staff or volunteers participating in the above activity and hereby release(s) those entities, including, without limitation, their respective administrators, staff or volunteers, from all actions, claims and demands the undersigned or the player may hereafter have for injury, death or property damage, as consistent with public policy, arising out of participation in the activity specified above.

Further, if a claim or civil suit is made or brought against Scottsdale Wolves Rugby Football Club, Scottsdale U-19 Boys High School Rugby Club, Scottsdale Blues Rugby Football Club and the Arizona Rugby Football Union and its constituent bodies, the Arizona Rugby Referees Society and all affiliated entities, including, without limitation, their respective administrators, staff or volunteers as result of the actions of the above-named player for injury, death or property damage, the undersigned agree(s) to indemnify and hold harmless the aforementioned, including, without limitation, their administrators, staff or volunteers from any and all such claims, suits, damages, including judgments and/or settlements, whether such claims arise out of the negligence or intentional misconduct of the above-named player, whether such negligence is active or passive and whether individually or in concert with others.

#### AUTHORIZATION

The undersigned as parent(s) or legal guardian(s) of the above named minor player hereby authorize and grant to the supervising or a participating adult permission in the event of illness or injury while participating the activity specified above to consent to the following: any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor by a dentist licensed under the provision of the Dental Practice Act. Said authorization to include the release of any medical or dental records to the attending physician or dentist for review.

#### USE OF IMAGE OR LIKENESS

I irrevocably authorize the Scottsdale Wolves Rugby Football Club, Scottsdale U-19 Boys High School Rugby Club and Scottsdale Blues Rugby Football Club to use for any lawful purpose, photographs and/or pictures of my image or likeness to be used in any website, newsletter, and any other marketing literature to be viewed by the public sector. I waive any right I have to inspect, approve all advertising or copies that may be used in connection with the publication of our website, newsletter, and/or any other marketing literature that may be viewed by the public sector. I have read, and fully understand this Release. I certify that I am 18 years old or if under 18 the parent/guardian fully understands the Release of the photographs to be used in Scottsdale Wolves Rugby Football Club, Scottsdale U-19 Boys High School Rugby Club and Scottsdale Blues Rugby Football Club's website, newsletter, and any other marketing literature to be viewed by the public sector.

Name of Player: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

**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

6. 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

# 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](http://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.

### Initial Below:

- \_\_\_\_\_ I HAVE CAREFULLY READ THIS AGREEMENT AND BY AGREEING TO IT HERE AGREE TO ALL OF ITS TERMS. I AGREE TO 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 AGREEING TO IT HERE, MY APPROVAL HERE IS SUFFICIENT TO CONSENT TO THE PARTICIPATION OF THE MINOR IN THE ACTIVITIES AND TO ENTER INTO THIS AGREEMENT FOR AND ON BEHALF OF THE MINOR.
- \_\_\_\_\_ I HAVE CAREFULLY READ THIS MEDICAL INSURANCE AGREEMENT AND BY AGREEING TO IT HERE AGREE TO ALL OF ITS TERMS. I AGREE TO 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 AGREEING TO IT HERE, MY APPROVAL HERE 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.
- \_\_\_\_\_ I UNDERSTAND THAT I AM REQUIRED TO PRINT, SIGN AND DELIVER THIS SIGNED WAIVER TO THE MINOR'S CLUB ADMINISTRATOR PRIOR TO PARTICIPATION.
- \_\_\_\_\_ I UNDERSTAND THE ABOVE AGREEMENTS AND MY SIGNATURE ON THE WAIVER AND RELEASE IS ACKNOWLEDGMENT OF THESE AGREEMENTS.

**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](http://www.usarugby.org).**