

# Union County Rugby Football Club Youth Program

Registration Form

Union County Rugby Football Club introduces

## Berkeley Heights Highlanders Flag Rugby - Summer 2005

Fee: \$60.00 per child, \$50.00 for a sibling. (\$30.00 fee for returned checks)

- Please return your application with check payable to **Union County Rugby Football Club: Mark Dobbs, 745 Glenside Ave., Berkeley Heights, NJ 07922**
- Checks and applications received after **June 1, 2005**, must include a \$10.00 late fee
- For more information, please call Mark on **908.665.9429** or Tim Dobbs on **973.615.2814** or visit our website at **www.mudturtlerugby.com**

*\* Participants will only be allowed if a registration form is completed for each incumbent.*

Personal Information

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Gender: Male  Female  Home Phone: (\_\_\_\_) \_\_\_\_\_ e-mail: \_\_\_\_\_

Shirt (circle): youth L adult S M L Short (circle): youth S M L

School: \_\_\_\_\_ Grade in September 2005: \_\_\_\_\_

Medical Information

*\* Please indicate if your child has difficulty with the symptoms listed below:*

Heart Problems \_\_\_\_\_ Shortness of Breath \_\_\_\_\_ Asthma \_\_\_\_\_ Diabetes \_\_\_\_\_

Kidney Problems \_\_\_\_\_ Vision Problems \_\_\_\_\_ Chest Pains \_\_\_\_\_ Hearing Impaired \_\_\_\_\_

Glasses, Contacts \_\_\_\_\_ Concussions \_\_\_\_\_ Seizures \_\_\_\_\_ Headaches \_\_\_\_\_

Bone Joint \_\_\_\_\_ Skull Fracture \_\_\_\_\_ Past Operations \_\_\_\_\_ Allergies \_\_\_\_\_

Other: \_\_\_\_\_  
(Please explain on a separate piece of paper if any of the above are checked)

Does your child take medication in certain emergencies? \_\_\_\_\_  
(If yes please provide the coach written instructions.)

Volunteering

**Please indicate how you can help the Highlander Flag Rugby this season**

*Training and certification will be provided for all volunteers!*

Assistant Coach  Team Parent  Referee  Photographer  Equipment  Game help

Would you be interested in sponsoring a team for \$150.00? If so, please provide a contact name and phone number.

Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

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 Union County Rugby Football Club (UCFRC) activities and assume all such risks and hazards incidental to participation. I absolve, indemnify and agree to hold harmless UCFRC and its programs, sponsors, coaches and other participant's from all such risks and hazards.

Parent/Guardian Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

*In case of practice cancellation or to advise you of schedule changes, please provide the following information:*

Names of both Parent(s)/Guardian(s) (if applicable): \_\_\_\_\_

Daytime and/or Work Phone #'s: \_\_\_\_\_ Email address: \_\_\_\_\_

For Union Rugby use only—Check Amount : \$ \_\_\_\_\_ Check #: \_\_\_\_\_ Cash Amount: \$ \_\_\_\_\_

**mudturtlerugby.com**

FOUNDED IN 1974

Please sign