

Morris Rugby Football Club

Parsippany Panthers Youth Rugby Program « Summer 2006 »

Child's Last Name: _____ First Name: _____

Address: _____ City, Zip: _____

Home Phone: _____ Sex: Male Female Fall 2006 grade: _____

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: _____

Does your child take medication in certain emergencies? Yes No (If yes please provide the coach written instructions.)

Please indicate how you can help this season:

Training and certification will be provided for all volunteers!

- Assistant Coach
 Team Parent
 Referee
 Photographer
 Equipment
 Game help
 Concessions

Can you sponsor a team or find us one for \$150.00? If so, please provide a contact name and phone number:

Name: _____ Phone: _____

Parental consent, contact information:

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.

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 Phone: _____ Cell and/or Work Phone: _____

Email addresses: _____

Fees:

Amount

Registration: (\$45 per participant, \$40 for additional siblings)

Uniforms – necessary for those who do not have one from last year that fits:

Rugby Jersey (\$15 each) select size: **youth** S M L XL, **adult** S M L

Rugby Shorts (\$10 each) select size: waist" 20 22 24 26 28 30 32 34 36 38 40

Late Fee (\$10 after May 31st).....

Total Enclosed

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

Please make checks payable to: **Parsippany PAL.**

Return your application with check to: **PAL Building, 33 Baldwin Road, Parsippany**

For more information, please call the PAL at **973-335-0555** or visit our website at www.morrisyouthrugby.com