

Ridgewood Area Youth RAY Rugby Association « Summer 2008 »

Child's Last Name: _____ **First Name:** _____

Address: _____ **City, Zip:** _____

Phone: _____ **Sex:** Male Female **Fall 2008 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 our team for \$150.00? Logo/Ad and link are listed on the Web site. If so, please provide a contact & phone:

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 RAY Rugby Association activities and assume all such risks and hazards incidental to participation. I absolve, indemnify and agree to hold harmless RAY Rugby Association and its programs, sponsors, coaches and other participant's from all such risks and hazards. I hereby grant RAY Rugby Association, 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:** (\$65 per participant, \$150 per family)
includes t-shirt (max 4/family), please include size(s): **youth** S M L XL, **adult** S M L _____
- OPTIONAL:** T-shirt (\$12 each) select size(s): **youth** S M L XL, **adult** S M L XL XXL..... _____
- OPTIONAL:** Rugby Jersey (\$30 each) select size(s): **youth** S M L XL, **adult** S M L _____
- OPTIONAL:** Rugby Ball (\$20 each) _____
- Total Enclosed** _____

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

Please make checks payable to: **RidgewoodRugby Assoc.**

Return your application with check to: **Ed Simpson 166 Melrose Place Ridgewood, NJ 07452 ed.simpson@verizon.net**

For more information, please call the Ed at **201-251-7597** or visit our website at **www.ridgewoodrugby.com**