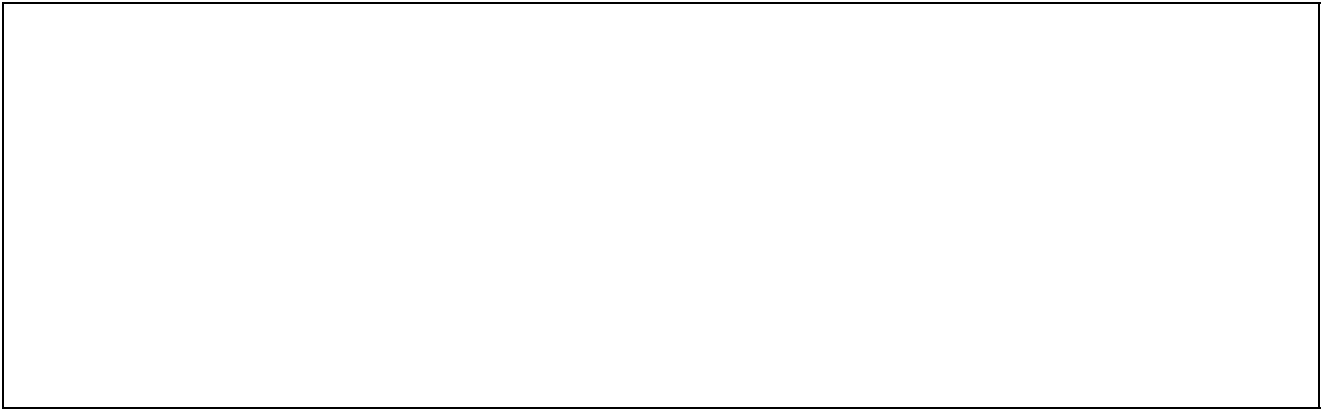


# Belmont Shore Rugby Football Club

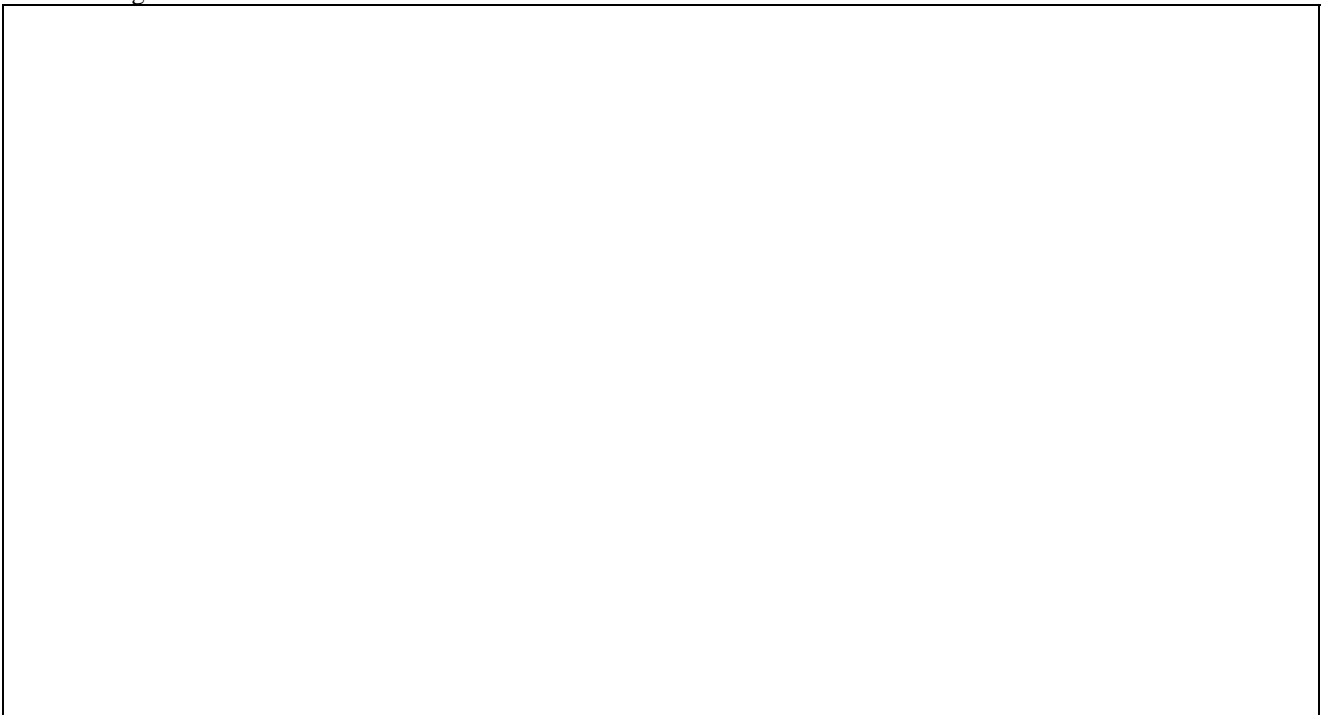
**Player Name:**

**CIPP #:**

Photo ID



Proof of Age



Proof of Health Insurance



# Belmont Shore Rugby Football Club

## 2010 Youth Player Application Form

### Player Information

Name	Last	First	M. I.
Age Sep 1 <sup>st</sup> '09		School	Grade
Date of Birth		USA Rugby CIPP # if known	

Gender:  Male  Female

### Experience

Sport	Position	League	Years Played
Participated in a team sport in the last year?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

### Player Contact Information

Street Address				
City	State	CA	Zip	
Home Phone	Mobile Phone			
Email				

Living With  Both Parents  Mother  Father  Grandparents  Other

### How did you hear about Belmont Shore Rugby?

### Medical Insurance

Player is required to have full medical insurance to play rugby.  
 Player has full medical insurance:  Yes  No

### Medical History

Please note any history of medical problems or disabilities. Attach additional sheet if necessary.

Medical:  Allergies  Seizures  Diabetes  Orthopedic  Asthma

Medications: \_\_\_\_\_

Disabilities:  Physical  Emotional  Educational    Comments: \_\_\_\_\_

U8 players must be under 8 on Sept 1<sup>st</sup> 2009  
 U10 players must be under 10 on Sept 1<sup>st</sup> 2009  
 U12 players must be under 12 on Sept 1<sup>st</sup> 2009  
 U14 players must be under 14 on Sept 1<sup>st</sup> 2009  
 U16 players must be under 16 on Sept 1<sup>st</sup> 2009  
 U19 players must be under 19 on Sept 1<sup>st</sup> 2009

# Belmont Shore Rugby Football Club

## Parent/Guardian #1 Contact Information

Rugby Contact     Emergency Contact

Name				
Home Address				
City		State		Zip
Home Phone		Mobile Phone		
Home Email				
Business Name				
Occupation				
Work Address				
City		State		Zip
Work Phone				
Work E-mail				
Preferred Contact	Phone: <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work		Email: <input type="checkbox"/> Home <input type="checkbox"/> Work	
Rugby Experience	<input type="checkbox"/> Player <input type="checkbox"/> Coach <input type="checkbox"/> Referee		Club/Years	
Other Sports	<input type="checkbox"/> Player <input type="checkbox"/> Coach <input type="checkbox"/> Referee		Sport/Years	
Will volunteer as	<input type="checkbox"/> Coach <input type="checkbox"/> Referee <input type="checkbox"/> Fund-Raiser <input type="checkbox"/> Field Setup <input type="checkbox"/> Other: _____			

## Parent/Guardian #2 Contact Information

Rugby Contact     Emergency Contact

Name				
Home Address				
City		State		Zip
Home Phone		Mobile Phone		
Home Email				
Business Name				
Occupation				
Work Address				
City		State		Zip
Work Phone				
Work E-mail				
Preferred Contact	Phone: <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work		Email: <input type="checkbox"/> Home <input type="checkbox"/> Work	
Rugby Experience	<input type="checkbox"/> Player <input type="checkbox"/> Coach <input type="checkbox"/> Referee		Club/Years	
Other Sports	<input type="checkbox"/> Player <input type="checkbox"/> Coach <input type="checkbox"/> Referee		Sport/Years	
Will volunteer as	<input type="checkbox"/> Coach <input type="checkbox"/> Referee <input type="checkbox"/> Fund-Raiser <input type="checkbox"/> Field Setup <input type="checkbox"/> Other: _____			

## Signatures

I have received, understand and will abide by the SCYR Code of Conduct  Yes  No

In addition to the information above, I have signed a medical release form and liability waiver for my child/children. I also grant permission to the Belmont Shore Youth Rugby Football Club, Southern California Rugby Football Union, Southern California Youth Rugby and any affiliated entities to use the above named player's photograph in any media to promote rugby.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Registration Fee: \$175 Registration fee includes shorts, socks, jersey, referee and field fees. Please make checks payable to: Belmont Shore Youth RFC

Mail this form to: **LBYRFC, 6518 Pageantry Street, Long Beach, CA 90808**

# Belmont Shore Rugby Football Club

## 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 Belmont Shore Youth Rugby or Belmont Shore Rugby. 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 Belmont Shore Youth Rugby, Belmont Shore Rugby and the Southern California Rugby Football Union and its constituent bodies, the Southern California 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 Belmont Shore Youth Rugby, Belmont Shore Rugby and/or the Southern California Rugby Football Union and its constituent bodies, the Southern California 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 Belmont Shore 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 Belmont Shore Rugby Football Club's website, newsletter, and any other marketing literature to be viewed by the public sector.

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

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

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### FOR OFFICE USE ONLY

Date \_\_\_\_\_ Total Amount Paid \_\_\_\_\_ Check # \_\_\_\_\_