

WELCOME TO BELMONT SHORE RUGBY FOOTBALL CLUB 2011/12 SEASON

We would like to welcome everybody back both old and new to Belmont Shore Rugby Football Club. We look forward to another exciting & fun season. We want to begin this season by notifying everyone of what are dues policy is and where your dues go. Your cooperation and support in honoring our dues policy is vital to building and strengthening our club for the 2011-2012 season.

Here is the list of expenses which your dues cover:

Coaches
Fields
Lights
Equipment
Players Kit
CIPP
SCRFU
Training Supplies
After Match Functions

These all are very costly to the Club and that is why it is so important for each of you players to be responsible for getting your dues in by and NO later than the first game of the season, tentatively scheduled for January 14th, 2012.

Each teams Player Administrator will be responsible for collecting the dues and turning them over to Leslie Wood, the Club Administrator. Let's all act on this immediately so we can have a very successful season. In order for a player to be able to play, their dues will have to be paid in full by the above date. If any of you have any questions, please contact Leslie Wood. Here is her contact information:

Phone: 714) 624-6807 Email: TLWOODY2@MSN.COM

Few Items to go Through:

1. By the FIRST game (January 14th, 2012) ALL DUES WILL BE PAID IN FULL

You can do the following to pay your dues:

- A. Go Online - Pay Pal, Credit/Debit Cards
- B. Pay by Cash or Check

2. Payment Plans:
 - D. 3 Monthly Payments
 - E. Set up your Credit Card on the Link from Website
 - F. Youth Players will also have 3 Monthly Payments

3. Sponsor a Player:
 - G. If you are Unable to pay your dues, get a Sponsor
Go out to your Community and obtain a Sponsorship
ie; Family, Friends, Business, etc.

4. Fundraisers;
 - H. If your team is in need of funds, put together a
Fundraiser. ie; car wash, yard sale, etc. Have your team
Representative give all information to Leslie Wood so that
she can get the Entire Club behind your team to help out.
REMEMBER - Your team is responsible for the
Fundraiser.

5. CIPP/SCRFU:
 - I. A Senior Player MUST pay at least 1/3 of their dues
before they can be CIPP'd or registered with SCRFU.
 - J. For the Youth teams - you will need 1/2 of your dues
paid as well.

6. Community Events:
 - K. Get our Community involved. We need to align ourselves
with Charitable Organizations and perform some
Community Service. This is needed to
obtain and get the support of our Community.

7. Incentives:
 - L. Belmont Shore Rugby Football Club will be giving Partial
Scholarships for any player that is called up to Griffins,
etc.

Thank you,
Leslie Wood
Club Administrator

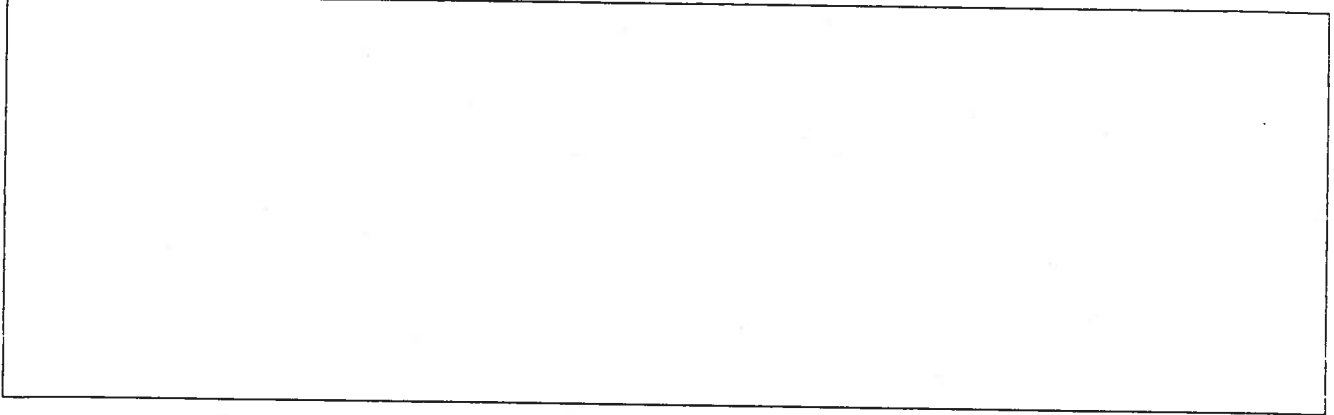
Belmont Shore Rugby Football Club

Player Name:

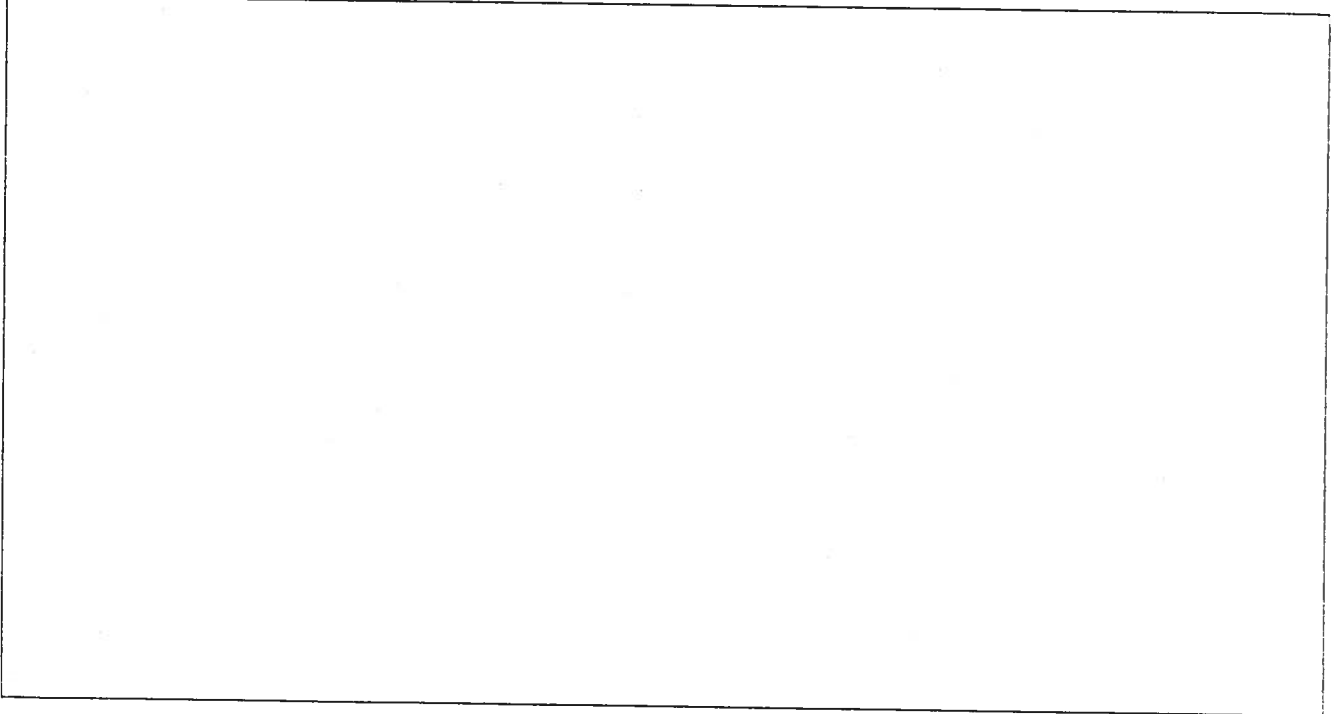
DIVISION:

CIPP #:

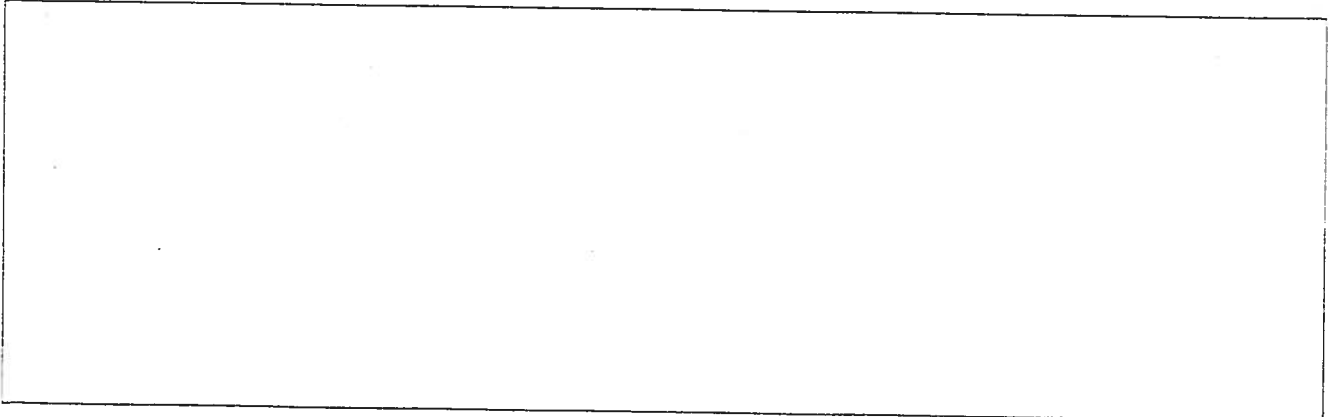
Photo ID



Proof of Age



Proof of Health Insurance



Belmont Shore Rugby Football Club

2012 Youth Player Application Form

Player Information

Name	Last	First	M. I.
Age Sep 1 st '11		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: _____

U10 players must be under 10 on Sept 1 st 2011	Registration fee: \$125.00
U12 players must be under 12 on Sept 1 st 2011	Registration fee: \$250.00
U14 players must be under 14 on Sept 1 st 2011	Registration fee: \$250.00
U16 players must be under 16 on Sept 1 st 2011	Registration fee: \$250.00
U19 players must be under 19 on Sept 1 st 2011	Registration fee: \$250.00
\$25.00 sibling discount per child.	

Shirt size: YS, YM, YL, AS, AM, AL XL, XXL Short size: YS, YM, YL, AS, AM, AL XL, XXI.

Registration fees pay for practice/playing fields, lights, equipment, training supplies, players kit, and CIPP registration with Southern California Youth Rugby.

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.

Player

Parent/Guardian

Date



2011-2012 (MINOR) Individual Enrollment Application
USA Rugby Membership Services
 2500 Arapahoe Ave., Suite 200, Boulder, CO 80302
 Fax: 303-302-0239 Phone #: 303-539-0300
 To avoid the processing \$5.00 fee, register online at <https://membership.usarugby.org>

ENROLLMENT INFORMATION - PLEASE PRINT LEGIBLY

Previously Registered with USA Rugby - CIPP # _____ New Participant for 2011-2012

Club Name (Full Official Name): _____ Club ID (if known): _____

Date of Birth (mm/dd/yyyy): ____ / ____ / ____

Gender: Male Female

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

E-mail address: _____ (REQUIRED: USA Rugby use only)

Registration Type (Check all that apply): Player Referee Administrator

ENROLLMENT CLASSIFICATION AND ANNUAL FEES - CHECK ONE ONLY

<input type="checkbox"/> Senior - Affiliated with a senior men's or women's club or referee society	\$45.00	\$ _____
<input type="checkbox"/> Collegiate - Affiliated with a collegiate men's or women's team	\$40.00	\$ _____
<input type="checkbox"/> High School - Affiliated with a high school team	\$30.00	\$ _____
<input type="checkbox"/> Youth (Contact) - Affiliated with a youth team	\$20.00	\$ _____
<input type="checkbox"/> Rookie Rugby Youth (Non-Contact) - Affiliated with a Rookie Rugby Team	\$5.00	\$ _____
<input type="checkbox"/> Eagle Supporter- Join the Eagle Supporters Club!	\$25.00	\$ _____
Processing fee		\$ 5.00
<i>All applications sent to USA Rugby for processing require a \$5.00 processing fee.</i>		
TOTAL INDIVIDUAL ENROLLMENT FEES		\$ _____

*Orlando
in reg
2011*

METHOD OF PAYMENT

Organization Check Personal Check Check Number # _____ Invoice (include Request for Invoice Form)

Visa MasterCard Name as it appears on credit card _____

Zip code of billing address for card holder: _____

Credit Card Number: _____ Security Code: _____ Expires ____ / ____

Please write number clearly

SIGNATURE - Your application will not be processed without a signature

I hereby affirm that the above information is true and correct, and that I have read and agree to the terms of the waiver on back of this form, and that if registering as a coach I consent to a background check.

Signature: _____ Date: _____

Parent/Guardian Signature (If under 18 years old): _____ Date: _____

Incomplete or unsigned forms cannot be processed.
 Send signed original form to USA Rugby - Retain a photocopy for your records
 Please allow 3-4 weeks for processing.

- 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, it's 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

*****PLEASE PRINT, INITIAL, SIGN AND RETURN TO YOUR AFFILIATED CLUB*****

- MINOR (PARTICIPANTS UNDER 18) -

USA RUGBY (MINOR) USA RUGBY RULES ACKNOWLEDGEMENT

- 1. 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)
- 2. 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.
- 3. 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.

I HAVE CAREFULLY READ THIS ACKNOWLEDGMENT 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 AGREEMENT ON BEHALF OF THE MINOR.

PROVIDE NAME OF MINOR:

Parent/Guardian Signature

Printed Name

Date

Parent/Guardian Signature

Printed Name

Date

*****PLEASE PRINT, INITIAL, 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