



Youth

Miami Rugby Football Club

Senior Division
www.miamirugby.com
info@miamirugby.com

Youth Division
www.miamirugbykids.com
info@miamirugbykids.com
Phone 305 400 0134 Ext 101
Fax 786 338 7438

Membership Registration 2011-2012 / Membrecía 2011-2012

POR FAVOR UTILICE LETRA DE MOLDE - PLEASE USE ALL CAPS

USARugby CIPP# - OFFICE USE ONLY

PARENTS INFORMATION - The first parent is the main contact.

Parent 1. First Name | Nombre Last Name | Primer Apellido Country of birth | Pais de nacimiento

Address | Dirección City City State | Estado ZIP/CP

ATT Sprint Verizon T-Mobil MetroPCS

Home Phone | Teléfono casa Cell Phone | Teléfono celular Compañía celular/ Cell Phone Carrier

Email | Correo electrónico - Email is the main means of contact. Make sure you write it clearly.

Parent 2. First Name | Nombre Last Name | Primer Apellido Country of birth | Pais de nacimiento

ATT Sprint Verizon T-Mobil MetroPCS

Cell Phone | Teléfono celular Compañía celular/ Cell Phone Carrier

Email | Correo electrónico - Email is the main means of contact. Make sure you write it clearly.

PLAYER INFORMATION (Please fill one for each player if you have more than one child)

First Name | Nombre Middle Name | Segundo Nombre Last Name | Primer Apellido

Date of Birth | Fecha Nacimiento / Place of Birth | Lugar de Nacimiento Nickname | Apodo

ATT Sprint Verizon T-Mobil MetroPCS

Cell Phone | Teléfono celular Compañía celular/ Cell Phone Carrier

Email | Correo electrónico - Please write it clearly. School/Grade | Escuela/Grado

XL L M S YL YM YS 24 26 28 30 32 34 36 38 40 42 44

T-Shirt Size

Short Size

USA Rugby Waiver of liability and eligibility for rugby participation [www.usarugby.org]

The undersigned states:

1. To the best of my knowledge and belief, I am eligible under USA Rugby Guidelines (CIPP registered) to participate in this activity.
2. To the best of my knowledge and belief, I am eligible to participate in this activity under all applicable local area governing organization guidelines.
3. I specifically state that I possess medical insurance coverage of \$100,000.00 or more and in the event of international travel associated with competition coverage extends beyond the borders of the USA.
4. I agree to abide by all rules and regulations imposed by the International Rugby Board, USA Rugby, the local

governing organization and the local host.

5. I am aware that I may lose the privilege to participate in the activity in the event of any violation of the above mentioned statements.

6. I am aware that rugby is a contact sport and participation may result in permanent disability, social and economic loss, and even death. These risks may arise as a result of my own actions or inaction's, or may arise from the actions or inaction's of others, or may arise from rules applied to the activity, condition of the premises, and/or equipment used.

I FULLY ACCEPT ALL SUCH RISKS AND RESPONSIBILITIES FOR LOSSES, COSTS, AND DAMAGES incurred as a result of my Participation in the Activity.

7. I release, waive, discharge, and covenant not to

sue USA Rugby, local governing organizations, referee associations, affiliated clubs, their respective administrators, directors, agents, coaches, referees, and other employees of the organizations, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leases of premises to conduct all rugby activities, all of which hereinafter, referred to as "releases", from demands, losses or damages on account of injury, including death or damage to property caused or alleged to be caused in whole or part by negligence of the release of otherwise.

8. As a Parent or Guardian I abide by the Miami Rugby Football Club Code of Conduct and agree that my child and the rest of our family will abide by the Code of Conduct.

Parent/Guardian Signature | Firma del padre, madre o tutor

Date/Fecha



Medical History Questionnaire

Player Information:

First Name: _____ Last Name: _____

Date of Birth: ____/____/____ Age: _____ Sex: _____ Phone: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

PLEASE CIRCLE YES OR NO AND LIST DETAILS AS REQUESTED. ALL INFORMATION WILL REMAIN CONFIDENTIAL AND APPLIED ONLY TO EMERGENCY CARE SITUATIONS

1. Are there currently any injuries requiring medical attention? Yes No
Please List: _____
2. Are you currently under the care of a doctor? Yes No
If so, Doctor's Name/Number/Emergency Contact _____
3. Do you have any allergies? (Bee stings, Foods, Medication, Etc.) Yes No
Please List: _____
4. Do you regularly take any over the counter and/or prescription medication? Yes No
Please List: _____
5. Have you experienced any major surgeries? Yes No
Please List: _____
6. Are you current on all immunizations? Yes No
List Special Considerations: _____
7. Have you ever been diagnosed with any major diseases or conditions? (Seizures, Diabetes, Epilepsy, Heart Disease, Etc.) Yes No
Please List: _____
8. Have you ever been told you have (had) asthma, exercise induced asthma, or use an inhaler? Yes No
List medications: _____
9. Do you have or have you ever had a hernia or rupture? Yes No
List Dates if repaired: _____
10. Have you ever been knocked out, had a concussion, and/or other closed head injury? Yes No
Please List: _____
11. Have you ever injured the bones, ligaments, nerves or discs or your neck and back that disabled you for a week or longer? Yes No
List injuries/dates: _____
12. Have you ever had a broken bone or fracture? Yes No
List bones/dates/right or left: _____
13. Have you ever had a shoulder/elbow or wrist injury that disabled you for a week or longer? Yes No
List injuries/dates/right or left: _____
14. Have you ever injured the ligaments in your knee? Yes No
List injuries/dates/right or left: _____

15. Have you ever had an ankle injury that disabled you for a week or longer? (Dislocation, Sprain, Separation, Etc.)

Yes No

List injuries/dates/right or left: _____

16. Do you presently have a rod, pin, screw or plate anywhere in your body or use a medical support device?

Yes No

List injury and/or location: _____

17. Do you wear contact lenses or removable dental appliances?

Yes No

List items: _____

18. Do you have any other conditions you wish to make us aware of?

Yes No

Please specify and give details:

THE ABOVE QUESTIONS HAVE BEEN ANSWERED COMPLETELY AND TRUTHFULLY TO THE BEST OF MY KNOWLEDGE. SIGNING THIS DOCUMENT RELEASES ALL INFORMATION TO ASSIST IN THE APPLICATION OF NECESSARY EMERGENCY CARE.

PRINT PLAYERS NAME

SIGNATURE

DATE

PRINT PARENT/GUARDIANS NAME

SIGNATURE

DATE