



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:

- To the best of my knowledge and belief, I am eligible under USA Rugby Guidelines (CIPP registered) to participate in this activity.
- To the best of my knowledge and belief, I am eligible to participate in this activity under all applicable local area governing organization guidelines.
- 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.
- 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