

# CENTRAL COAST SHARKS YOUTH RUGBY

## Player Registration Form \*2020 Season\*

Reg # \_\_\_\_\_ CC# \_\_\_\_\_  
Amt paid \_\_\_\_\_  
Balance due? \_\_\_\_\_

NAME: \_\_\_\_\_ M / F D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ADDRESS: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ WAIST: \_\_\_\_\_ SHIRT: \_\_\_\_\_ SHOE SIZE: A / Y

### MEDICAL HISTORY:

KNOWN ALLERGIES: \_\_\_\_\_

PRIOR MEDICAL INJURIES: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

### PARENT CONTACT INFORMATION:

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

I am a parent or person having legal custody or the legal guardian of the above participant, and I give permission for the child to participate in the sport of Rugby for Central Coast Sharks Youth Rugby aka CCSYR.

In consideration of the Child being permitted to participate in the above recreation activity, I with the intent of binding myself, my spouse, (if any), and my heirs, legal representatives, and assigns, release and discharge CCSYR program sponsors, from all injuries or damages, suffered by the child while participating in the sport of Rugby for CCSYR.

I further understand the types of risks to which I am subjecting my child by allowing him/her to engage in the sport of Rugby for CCSYR. Possible risks include:

- Injuries from any manner of falls while on the field.
- Injuries from accidental contact with other athletes.
- Injuries from ankle sprains, strained or pulled muscles.

I understand that the above list is not inclusive, and that by playing Rugby, my child could be injured in some way not listed above. In recognition of all the above, and in consideration of my child being allowed to use the programs and facilities offered by CCSYR, I hereby assume all risk or injury on behalf of my child. I release, discharge and hold harmless CCSYR from any liability resulting from injury suffered by me arising out of my child's participation, whether proper or improper, of the programs or facilities. Furthermore, I voluntarily waive all rights to bring legal action against Central Coast Sharks Youth Rugby or any of its agents or coaching staff for any cause related to my child's use of its programs and facilities.

**By signing this release, I expressly state that I have read this document and that I fully understand and accept its contents.**

✓ \_\_\_\_\_  
**Parent signature**

✓ \_\_\_\_\_  
**Date**