

GLENDALE RUGBY FOOTBALL CLUB

<http://www.glendalerugby.com>

Fall After School Program

August 31 – October 28, 2010

The Glendale Rugby Football Club will run its Fall After School Program from August 31- October 28, 2009. The program is for both boys and girls, ages 5 – 13. Players will be placed in different age groups and ability levels.

The cost per participant is \$100.00. Payment can be made in increments, if necessary. Checks can be made out to: Glendale Youth Rugby. Paperwork and fee can be sent to: City of Glendale, Attn: Jenna Anderson, 950 S. Birch St., Glendale, CO 80246. Paperwork can be faxed in to: 303-639-4611.

Players will need athletic clothing, molded mouth guard, sneakers/soccer cleats and a water bottle at practice.

The Fall Afterschool Program will take place at Infinity Park, 950 S. Birch St., Glendale, Colorado from 4:15-5:30pm, Tuesdays and Thursdays. Join at any time!

Questions? Contact Jenna Anderson at 303.639.4713 or janderson@glendale.co.us.

Registration Information

Child's Name: _____ Age: _____ DOB: _____ Sex: _____

Parent: _____ Shirt Size _____

Address: _____

Phone: _____ Email: _____

School: _____ Other Sports: _____

Medical Conditions that the staff should be aware of: _____

Participation Agreement

The Undersigned understand that Rugby Football is a physical sport with the possibility of injury. With that knowledge, the Undersigned hereby accept the risks that accompany participation in Rugby Football. The Undersigned agree that they will not hold the City of Glendale, the Glendale Rugby Football Club or any of its coaches, administrators, officials, staff, representatives, employees, insurers, or re-insurers liable for any and all claims including, but not limited to, injury, sickness, disability, paralysis, or death; that may result from participation in the sport of rugby or from participation in the Glendale Rugby Football Club and its Fall After School Program.

RELEASE AND WAIVER OF LIABILITY: IN CONSIDERATION OF THE PLAYER'S RIGHT TO PARTICIPATE, THE UNDERSIGNED HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the City of Glendale, the Glendale Rugby Football Club or any of its coaches, administrators, officials, staff, representatives, employees, insurers, or re-insurers for any and all claims including, but not limited to, injury, sickness, disability, paralysis, or death; that may result from participation in the sport of rugby or from participation in the Glendale Rugby Football Club and its Fall After School Program.

THE UNDERSIGNED AGREE THAT THIS RELEASE IS BINDING AND EFFECTIVE AS TO THEMSELVES AS WELL AS TO THEIR PERSONAL REPRESENTATIVES, ESTATES, ASSIGNS, HEIRS, AND NEXT OF KIN AND THAT IT APPLIES TO ANY AND ALL LOSS OR DAMAGE INCLUDING, BUT NOT LIMITED TO, INJURY, DISABILITY OR DEATH.

I give permission for the coaches and/or organizers of the Glendale Rugby Football Club Youth Programs to act as a guardian to my child in the case that my child is in need of medical assistance and I can not be reached.

The Undersigned understand that by signing this release they are giving up substantial rights they would otherwise have to recover damages for losses and they agree that they are doing so voluntarily and without inducement, threat, or duress. The Undersigned agree that they had the opportunity to seek legal advice before signing this release and have either done so, or have voluntarily elected not to and waive this opportunity.

Participant Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Glendale Representative Signature: _____
Date: _____

Glendale Rugby Football Club Youth Medical Release Form

Hospitals often can not treat or care for children without consent from parents or legal guardians. Complete this form in the event your child must be attended to by medical personnel and you can not be immediately contacted to obtain consent.

Consent to Medical Care and Treatment of Minor Children

I, _____, the natural parent or legal guardian of (minor child) _____ authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health and I can not be contacted. I wave my right of informed consent to medical treatment.

Parent/Guardian Signature: _____ Date: _____

Phone: _____

Athlete Information

Name: _____ Date of Birth: _____

Allergies: _____

Medications: _____

Date of last tetanus: _____

Other Pertinent Data: _____

Physician: _____ Phone: _____

Mother's Phone: _____ Father's Phone: _____

Insurance Company: _____

Group #: _____ Membership #: _____

Employer: _____