

# GLENDALE RUGBY FOOTBALL CLUB

<http://www.glendalerugby.com>

## Rugby Academy

*July 12-July 14, 2010*

The Glendale Rugby Football Club will run its Youth Rugby Academy from July 12-14, 2010, 9am-4pm each day. The academy is for both boys and girls, ages 13 – 18. Players will be placed in different age groups and ability levels.

The cost per participant is **\$150.00**. Paperwork and payment is **due by July 6th**. After that date, payment will increase to \$170.00. Make check out to: Glendale Youth Rugby.

Each participant will receive professional instruction, one-on-one critique, new training ideas, a t-shirt, playbook, lunch and snacks each day.

Please send payment to: City of Glendale, c/o Jenna Anderson, 950 S. Birch St., Glendale, CO 80246 or fax to: 303.639.4611.

Email Jenna at [janderson@glendale.co.us](mailto:janderson@glendale.co.us) or call 303.639.4713 with any questions.

The Rugby Academy will take place at Glendale Infinity Park.

### **Registration Information**

Participant 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 Youth Rugby Academy.

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 Youth Rugby Academy.

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 Camp 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.

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: \_\_\_\_\_

Blood Type: \_\_\_\_\_ Date of last tetanus: \_\_\_\_\_

Other Pertinent Data: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Phone: \_\_\_\_\_ Father's Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Group #: \_\_\_\_\_ Membership #: \_\_\_\_\_

Employer: \_\_\_\_\_