
Morris Rugby Football Club
Tackle Youth Program - Summer 2007

This application is to be completed by all players participating in tackle/contact rugby programs. It is an addendum to the youth rugby application and is necessary to recognize the additional risks associated with the tackle/contact version of the game. Participants will only be allowed if a registration form is completed for each incumbent.

For more information, please call 973-455-0035 or visit our website at www.morrisrugby.com

Circle town: Denville __ Montville __ Long Valley __ Parsippany __ Randolph __ Byram __ Mine Hill/Dover __

Child's Last Name: _____ **First Name:** _____

Address: _____ **Sex:** Male _____ Female _____

City, Zip Code: _____ **Home Phone** _____

School: _____ **Grade in September 2004:** _____

I, the parent or guardian of the player named above, do hereby give my permission in my absence for any necessary emergency medical treatment to be administered by a licensed physician. I also give my approval for his/her participation in all Morris Rugby Corporation activities and assume all such risks and hazards incidental to participation. I fully understand that there is additional risk of injury associated with the contact/tackle version of the game. I absolve, indemnify and agree to hold harmless Morris Rugby Corporation and its programs, sponsors, coaches and other participant's from all such risks and hazards.

Parent/Guardian Signature _____ **Relationship** _____ **Date** _____

In case of practice cancellation or to advise you of schedule changes, please provide the following information:

Names of both Parent(s)/Guardian(s) (if applicable): _____

Daytime and/or Work Phone #'s _____ **Email address:** _____
