

***Morris Rugby Football Club  
2008 Morris Lions U-15 Boys Program***

**Participants must submit a completed registration form prior to acceptance in the program.**

**Player Details:**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City, Zip Code:** \_\_\_\_\_  
**Home Phone** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Cell Phone** \_\_\_\_\_  
**School:** \_\_\_\_\_ **Current Grade:** \_\_\_\_\_  
**Player E-Mail Address:** \_\_\_\_\_

***Medical Information***

Please indicate if your child has difficulty with the symptoms listed below:

Heart Problems _____	Shortness of Breath _____	Asthma _____	Diabetes _____
Kidney Problems _____	Vision Problems _____	Chest Pains _____	Hearing Impaired _____
Glasses, Contacts _____	Concussions _____	Seizures _____	Headaches _____
Bone Joint _____	Skull Fracture _____	Past Operations _____	Allergies _____

Other: \_\_\_\_\_

Does your child take medication in certain emergencies? \_\_\_\_\_  
If yes please provide the coach written instructions.

***Parent/Guardian Contact Information***

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

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

Parent: \_\_\_\_\_  
Primary Contact # \_\_\_\_\_ Email address: \_\_\_\_\_  
Cell Phone # \_\_\_\_\_ Email address: \_\_\_\_\_

Parent: \_\_\_\_\_  
Primary Contact # \_\_\_\_\_ Email address: \_\_\_\_\_  
Cell Phone # \_\_\_\_\_ Email address: \_\_\_\_\_

***Please indicate how you can help Morris Rugby this season***

Team Parent \_\_\_\_\_ PR/Photographer \_\_\_\_\_ Assistant Coach \_\_\_\_\_ Where Needed \_\_\_\_\_

Interested in becoming a team sponsor for \$150.00 or more? If so, please provide a contact name and phone number.

***Player Code of Conduct***

As part of your commitment to the Morris Rugby U-15 Rugby Program, you as a club member are expected to conduct yourself in such a manner that reflects positively on the ideals and sportsmanship values of our program, and that you will adhere to the rules and regulations that universally govern NJ State High School sports activities. Any infractions of such conduct and rules will be reviewed and acted upon by the coaches on a case-by-case basis.

As acknowledgement of the Code of Conduct expectations of the Morris Lions High School Rugby Program, you are hereby asked to sign below in recognition of your responsibilities.

Player: \_\_\_\_\_

***Parental Release***

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 participation in all Morris Rugby Corporation activities and assume all such risks and hazards incidental to participation. 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. Additionally, I acknowledge that I have a medical insurance policy in my name and such insurance will be my primary source of payment should medical treatment be necessary as a result of my son's participation in this activity.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

***Application Details***

**Return this application  
and \$125.00 registration fee made out to Morris Rugby to:**

**Tom Feury, Youth Rugby Coordinator, 6 Ivy Crest Lane, Rockaway, NJ 07866**

**For more information, please email [tomfeury@optonline.net](mailto:tomfeury@optonline.net)  
or visit the U-15 Boys link on our club website at [www.morrisrugby.org](http://www.morrisrugby.org)**

**(All checks should be made out to: Morris Rugby)**