

***Morris Rugby Football Club
U-19 Boys High School 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:** _____
School: _____ **Current Grade:** _____
Player E-Mail Address: _____ **Cell #:** _____

Medical Information

Please indicate if your child has shown and of 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

Volunteer/Other (Explain) _____

Interested in becoming a team sponsor for \$250.00 or more? If so, please provide a contact name and phone number.

Kit Sizing Details

Waist Size (shorts): _____ T-Shirt Size (S,M,L,XL,2XL): _____

Player Code of Conduct

As part of your commitment to the Morris Lions U-19 High School 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 approval for his participation in the Morris Rugby Corporation Boys U-19 High School Rugby 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. Should the need arise, I do hereby give permission in my absence for any necessary emergency medical treatment to be administered by a licensed physician

Parent/Guardian Signature _____ Date _____

Application Details

Return this application and \$330.00 registration fee to:

John Sutherland, U-19 Program Manager, 1 Lake Shore Dr., Rockaway, NJ 07866

For more information, please call 201-715-4230 or visit the U-19 Boys link on our club website at www.morrisrugby.org

(All checks should be made out to: Morris Rugby.

As an option to paying by check, full fees or a percentage can be paid through the Morris Rugby website PayPal process, <http://www.morrisrugby.org/pay/u19boys.php>)