

***Morris Rugby Football Club:
Long Valley Wolfpack Youth Rugby Program - Summer 2008***

Participation will only be allowed if a registration form is completed for each incumbent.

Please make checks payable to Morris Rugby Football Club.

Return your application with check to: Mark Burn

40 Nestlingwood Drive, Long Valley, NJ 07853

For more information, 908-684-1300, E-mail omeganj@comcast.net www.morrisrugby.com

Child's Last Name: _____ First Name: _____

Address: _____ Sex: Male _____ Female _____

City, Zip Code: _____ Home Phone _____ 2007-08 Grade _____

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.

Please indicate how you will help the Long Valley Wolfpack this season

Please get involved! We need parent help to ensure the program continues. No prior rugby experience needed!

Assistant Coach _____ Team Parent _____ Referee _____ Photographer _____ Equipment _____ Concessions _____

Can you **sponsor** the program or find us one for \$150.00?

Parental consent, contact information and Fees

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 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. I hereby grant Morris Rugby Corp., or its assignees, permission to use my child's image for educational, promotional, fundraising and general public relations purposes.

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 Addresses: _____

Fees:	Amount \$
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Registration: (\$50.00 participant, \$35 additional siblings)	_____
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Uniforms – necessary for those who do not have one from last year that fits:	_____
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Rugby Jersey - \$20.00 each	_____
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Rugby Shorts - \$15.00 each	_____
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Total enclosed: (Visa and Mastercard accented)