



Winter Indoor Rugby

January 26, February 2, 9 and 23, 2019 | Grades: K - 8 Ages 5-14

QUESTIONS: Contact Jamie Burke: jburke@glendale.co.us | www.glendaleyouthrugby.com

Select ONE:

5-7 years old Non-Contact Flag Rugby - \$50

This age group will practice from 8:30-9:30am and focus on running, catching, passing and kicking.

8-10 years old Non-Contact Flag Rugby - \$50

This age group will practice from 9:30-10:45am and focus on running, catching, passing and kicking.

11-14 years old Non-Contact Flag Rugby - \$50

This age group will practice from 10:45am-12:15pm and focus on running, catching, passing and kicking.

All Players will need athletic clothing, molded mouth guard, sneakers & a water bottle at practice.

Location: Glendale Sports Center Gymnasium, 4500 E. Kentucky Ave., Glendale, CO 80246

Forms of Payment: Credit Card payments online [here](#)
Checks can be made out to: City of Glendale. Write player's name clearly on the memo line.

**Send all paperwork and/or checks to:
City of Glendale, Attn: Jamie Burke, 950 S. Birch St., Glendale, CO 80246 or fax to 303.639.4611**

REGISTRATION INFORMATION

Please print clearly.

Participant's Name: _____ Age: _____ DOB: _____ Sex: M or F

Parent Name(s): _____

Street Address: _____ City _____ Zip _____

Phone #1: _____ Phone #2: _____

Email #1: _____

Email #2: _____

School: _____ Other Sports: _____

Shirt Size - Select ONE:

Adult Small

Youth Small

Adult Medium

Youth Medium

Adult Large

Youth Large

Note: These shirts run a little small around the waist in Youth Large & Adult Small

PARTICIPATION AGREEMENT

PLAYER'S NAME: _____ Age: _____



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 Youth Rugby 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 Youth Rugby and its 2019 Winter Indoor Rugby Program.

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 Youth Rugby 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 Youth Rugby and its 2019 Winter Indoor Rugby Program.

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 Youth Rugby 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.

I hereby give permission for the City of Glendale, Infinity Park, and the Glendale Youth Rugby to use photographic or video images of my child for marketing and/or promotional purposes only.

I will pay the program fee by my child's first practice.

Parent/Guardian Signature: _____ Date: _____

Glendale Youth Rugby Representative Initials: _____ Date: _____

Glendale Raptors Rugby Academy Medical Release Form

Hospitals often cannot 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, hospital, ATC or PT when deemed immediately necessary or advisable by the medical professional to safeguard my child's health. I waive my right of informed consent to medical treatment.

Parent/Guardian Signature: _____ Date: _____

Athlete Medical Information

Player Name: _____ Date of Birth: _____

Allergies: _____ Medications: _____

Past Concussions (list year and how they happened): _____

Medical Conditions staff should be aware of: _____

Primary Phone #: _____ Secondary Phone #: _____

Insurance Company: _____ Employer: _____

Group #: _____ Membership #: _____