



# Glendale Youth Rugby Spring After-School Rugby

March 5 - April 11, 2019 – 4:30 – 5:45pm | Grades: K - 8 (Ages 5 - 14)

QUESTIONS: Contact Jamie Burke: [jburke@glendale.co.us](mailto:jburke@glendale.co.us) or 303.639.4713 | [www.glendaleyouthrugby.com](http://www.glendaleyouthrugby.com)

### Select ONE:

Non-Contact Flag Rugby (5-7 years old) - \$130       Flag Rugby Sibling Discount - \$125\*

Contact Tackle Rugby (8/9, 10/11 & 12-14yrs) - \$150       Tackle Rugby Sibling Discount - \$145\*  
*\*Sibling Discount – Glendale Youth Rugby offers a discount to families with two or more children. Oldest is full price.*

**Practice Days & Times:** March 5 - April 11, 2019 Tuesdays and Thursdays 4:30-5:45pm (12 practices)  
Infinity Park at Glendale, 950 S. Birch St., Glendale, Colorado 80246

**Forms of Payment:** Online Credit Card payment at: [www.GlendaleYouthRugby.com](http://www.GlendaleYouthRugby.com)  
Checks can be made out to: City of Glendale. Write player’s name clearly on the memo line.  
Cash needs to be in an envelope with the player’s name clearly written on the front.

**Send all paperwork and fees 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: \_\_\_\_\_ Prior Rugby Experience: \_\_\_\_\_

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 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, 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 Glendale Youth Rugby and its 2019 Spring After School 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, 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 Glendale Youth Rugby and its 2019 Spring After School 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 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 cannot 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 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 third practice. Refunds after practice has started are given a \$20 administrative fee for tackle players and \$10 for flag players.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Glendale Youth Rugby Representative Initials: \_\_\_\_\_ Date: \_\_\_\_\_

### Glendale Youth Rugby 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 #: \_\_\_\_\_