



Glendale Youth Rugby TRY League Rugby

April 23 – June 22, 2019 | Grades: Boy's K-8 – Girl's K-8 (Ages 5 - 14)

QUESTIONS: Contact Jamie Burke: jburke@glendale.co.us or 303.639.4713 | www.glendaleyouthrugby.com

Select ONE:

- Non-Contact Flag Rugby (5-7 years old) - \$165
- Contact Tackle Rugby (8/9, 10/11 & 12, 13, 14) - \$225

2019 fees include full uniform (jersey, shorts and socks), USA Rugby membership & liability insurance and Rugby Colorado membership.

Practice Days & Times:

April 23 – June 22, 2019

5-7 yr. olds Tuesdays and Thursdays 5:15-6:20pm (9 weeks w/18 practices, 6 game days)

8-15 yr. olds Tuesdays and Thursdays 5:15-6:45pm (9 weeks w/18 practices, 6 game days)

Infinity Park at Glendale, 950 S. Birch St., Glendale, Colorado 80246

Game Days & Times:

Saturday's May 18 – June 22, 2019

Kickoff times - U8: 9am | U10: 10am | U12: 11am | U13: 12pm | U14: 1pm | U15: 2pm

May 18 – TBD

June 8 – TBD

May 24 – TBD

June 15 – TBD

June 2 – TBD

June 22 – Super Try

Forms of Payment:

Payment information will be sent upon receipt of registration.

Send all paperwork & 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 _____

Email #1: _____

Email #2: _____

School: _____ Other Sports: _____

Short Size - Select ONE:

- YS 9
- YM 10
- YL 10 ³/₄
- YXL 11 ³/₄
- S 12 ¹/₂
- M 13 ³/₄
- L 14
- XL 14 ³/₄
- 2 XL 15 ¹/₂
- 3 XL 16 ¹/₄

Jersey Size - Select ONE:

5-7 year olds: (Note: these run loose) Youth S Youth M Youth L

8-14 year olds: (Note: these run tight around the stomach)

- Youth S Youth M Youth L
- Adult S Adult M Adult L Adult XL Adult XXL

Sock Size - Select ONE:

- Small Medium Large



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.

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 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 Try League Rugby Program.

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.

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 TRY League Rugby Program.

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: _____

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.

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 cannot 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 wave my right of informed consent to medical treatment.

Parent/Guardian Signature: _____ Date: _____



AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT FOR MINOR

I (we), _____ of the city of _____ state of _____, do hereby state that I am (we are) the natural parent(s) (legal guardian(s)) having legal custody of _____, a minor, born _____ and who resides with me (us) at _____.

In connection with my (our) child's participation in the game of rugby, I (we) hereby grant permission for any and all emergency/medical/dental treatment and/or first aid to be administered to my child/participant, including authorizing any medical treatment facility/hospital to administer emergency treatment, for any illness/injury/accident resulting from participation in any Rugby activities. If an emergency requiring medical attention occurs, I grant permission to a physician or other hospital or emergency personnel to attend to my child/participant. I do authorize the diagnosis, treatment and or hospital care of my child in the event of an accident, injury, sickness, etc. I hereby assume the responsibility for payment of any such treatment. In the event of an injury to the participant, I expect that reasonable effort will be made to contact me in order to receive my authorization before any non-emergency medical treatment or hospitalization is undertaken.

Parent/Guardian Work Phone: _____ Parent/Guardian Home Phone: _____

Parent/Guardian Mobile Phone: _____ Other Phone: _____

Parent/Guardian 2 Work Phone: _____ Parent/Guardian 2 Home Phone: _____

Parent/Guardian 2 Mobile Phone: _____

Primary Physician: _____ Physician Phone: _____

Medical Insurance Company: _____ Medical Insurance Policy #: _____

Policyholder Name: _____

Important health information (allergic reaction, medications, previous conditions, previous illness, injury or surgeries, etc.):

History of Concussions (if yes, include number, date(s) of occurrence, who treated and length of recovery)

Custodial Parent/Legal Guardian Signature Date

Custodial Parent/Legal Guardian Signature Date