



Luxton CC Rookie Rugby

Luxton CC Rookie Rugby Registration Form 2017 Player Registration form

Player's Name: _____ Age: ____

Significant Medical History

None or

Describe: _____

Allergies:

None or Describe: _____

Parent/ Guardian Name(s): _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Emergency Contact:

Name: _____ Relation: _____

Emergency Contact Phone Number: _____

I _____ (Parent or guardians name) allow my child _____ (child name) to participate in the non-contact, co-ed Rookie Rugby camp to be held at Luxton Community Center on August 23rd 2017. I represent that the child is (a) covered by insurance through my own insurance carrier; or (b) that I am personally financially responsible for any and all medical costs incurred as a result of the child's injury. I grant my permission to the Luxton Community Center Director to authorize and obtain medical care in case of emergency when either parent or guardian can be contacted to grant authorization for emergency treatment.

Parent or Guardian Signature: _____ Date: _____