



2011/2012 Youth Rugby Registration Packet

Please complete, sign and return all forms along with the following items:

- Copies of all forms and requested items
- Full registration fee (we now accept credit cards)

Provide copies of the following:

- Legal Birth Certificate
- Photo ID (School, Personal, Passport, Etc.)
- SCYR required current color photo (head and shoulders only, against a white or plain background)

2011/2012 Registration Fees

U8	\$50
U10	\$165
U12, U14	\$235
U16, U19	\$250 (\$210 if you registered/paid for High School age rugby. Team name_____)

A limited number of full or partial scholarships are available for those in need. Contact Dave Bernard at 858-945-0708 for details. Please make checks payable to San Diego Young Aztecs. Your registration fee covers USA Rugby membership, Southern California Rugby membership, CIPP insurance, shorts and socks. Game jerseys will be provided.

Your completed packet, registration fee and required documents must be signed and turned in before you can participate in any on field club activities. Packets can be handed in or mailed to SDYA Rugby 4993 Northaven Ave, San Diego CA 92110

ABSOLUTELY NO REFUNDS – There will be no refunds if a player elects to drop for any reason, all fees paid will be considered donations to the San Diego Old Aztecs Youth Rugby Program.

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FOR OFFICIAL USE ONLY

Date:

Total Amount Paid \$

Check #



2011/2012 Youth Rugby Registration Form

Player Name: _____ M / F Date of Birth: ____/____/____

Team: _____ Grade: _____

Home Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian Email: _____

Player's Email: _____

Emergency Contact Name: _____

Emergency Phone Number: _____

Health Insurance Company: _____ Policy Number: _____

ShortsWaist Size: _____ INCHES Socks (circle one) SM / MED / LG

Medical History:
Please note any history of medical issues including anything that may limit your ability to participate.

- Allergies Seizures Diabetes Other
 Medications Special Needs Asthma

Specific Details: _____

2011/2012 Youth Rugby Permission to Participate, Release, Indemnity and Authorization for Medical and Dental Treatment

PERMISSION

The undersigned (**requires parent/guardian signature if under 18**) hereby grants permission for him/her to participate in the sport of rugby and related activities with the SDYA Youth Rugby Program. In granting this consent, the undersigned understands and acknowledges the physical nature of the sport of rugby and the risks inherent in such physical activity. The undersigned acknowledges that it has been recommended to him/her that they obtain medical clearance prior to him/her participating in the sport of rugby with the SDYA Youth Rugby program.

RELEASE AND INDEMNITY

In consideration of the above player being permitted to participate in the activities specified above, the undersigned agrees to not make or join in a claim or civil suit for injury, death or property damage against the SDYA Youth Rugby and the Southern California Rugby Football Union and constituent bodies, the Southern California Referees Society and all affiliated entities, including, without limitation, their respective administrators, staffs, or volunteers including but not limited to all actions, claims and demands the undersigned or the player may hereafter have for injury, death or property damage as consistent with public policy, arising out of participation in the activity specified above.

Further, if a claim or civil suit is brought against the SDYA Youth Rugby, SDOAAC, the Southern California Rugby Football Union and its constituent bodies, the Southern California Rugby Referees Society and all affiliated entities, including without limitation, their respective administrators, staff or volunteers as result of the actions of the above named player for injury, death or property damage, the undersigned agree(s) to indemnify and hold harmless the afore mentioned including, without limitation, their administrators, staff or volunteers from any and all such claims, suits, damages, including judgments and/or settlements, whether such claims arise out of the negligence or intentional misconduct of the above named player, whether such negligence is active or passive and whether individually or in concert with others.

AUTHORIZATION

The undersigned, as parents or legal guardians of the above named minor player, hereby authorize and grant to the supervising or participating adult, permission in the event of illness or injury, while participating in the activity specified above to consent to the following: x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care rendered to the minor under the general or specific supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act or to consent to an x-ray examination, anesthetic, upon the advice of a dentist licensed under the provision of the Dental Practice Act. Said authorization to include the release of any medical or dental records to the attending physician or dentist for review.

I also authorize my (or my child's if under 18) photograph to be taken and used for promotional purposes by the SDYA Youth Rugby.

Players Name: _____

Date: _____

Signature (Parent signature if under 18): _____

2011/2012 Youth Rugby

Code of Conduct, Zero Tolerance Policy and Parent Volunteer Form

SDYA Youth Rugby Program follows USA Rugby's Code of Ethics. Please read and discuss the following with family members, then sign and return the form with your registration packet.

PLAYER CODE OF CONDUCT

- *Play for enjoyment.
- *Play hard, but always play fair. Winning isn't everything – Honor is!
- *Play by the laws of the game.
- *Be committed to your team and attend all matches and practices.
- *Never argue with the referee's decisions and control your temper.
- *Work equally hard for yourself and your team.
- *Be a good sport and applaud all good play whether by your team or opponent.
- *Remember the goals of the game, have fun, improve your skills, play responsibly.
- *Be humble in victory and gracious in defeat.

PARENT CODE OF CONDUCT

- *Be positive with all referees and acknowledge their efforts.
- *Let the coaches run the game. If you see a problem, seek a club official.
- *Let the players play their game, not the parent's game.
- *Praise actual efforts not results.
- *Set a positive example for all players, parents, coaches and visitors.
- *Do not criticize, belittle or question the ability of any official, coach or player.
- *Control your emotions at games and events.
- *Do not yell at, criticize or verbally abuse any player, coach, parent or official.

SDYA Youth Rugby reserves the right to ask any player or parent to leave the premises of a game, practice or team event if their behavior is not consistent with the above code of conduct.

Our club strictly adheres to its Substance Abuse Policy regarding the possession, use or distribution of alcohol or any illegal drug or controlled substance by any SDYA Youth Rugby player during a SDYA Youth Rugby sponsored event. Any player found to be in violation of this policy would be immediately suspended from participation in all SDYA Youth Rugby activities pending a full review of the circumstances by the Board. The Board's findings may result in continued suspension, expulsion from the club or other disciplinary actions deemed appropriate by the Board. By signing below, you agree to comply with all of the above, as stated.

Player Signature: _____ Date: _____

Parent Signature: _____ Date: _____

2011/2012 Volunteer Form: All families are required to volunteer through out the year. If you have a special/unique talent that you feel the club would benefit from please let us know. Each team will need a team parent to help coordinate volunteers, and assist the coach. If interested please let your player's coach know and inform any one of the Board members. Throughout the season the club will need help hosting on game days, set-up, serving, and clean-up. Assistance with setting up the fields and take down of the fields will also be necessary. If you are interested in serving on a committee, contact any of the Board members for further assistance.

Name: _____ Phone: _____ Email: _____

Area of interest/ special/unique talent:
