

St. Cloud Steelhead Rugby Club Registration Check List 2011 (SCRF01)

Please make checks payable to "St. Cloud Rugby – Steelhead"

Player Full Name: _____

Shorts Size needed (circle one, shorts are men's sizes):

Small - Medium - Large - X-Large - 2X-Large - 3X-Large

All forms must be turned in and dues paid prior to attending games/practice:

1. Check List Form (SCRF01) – 1 Page
2. Player Contact & Medical Release Form (SCRF02) – 1 Page
3. Rugby Code of Conduct (SCRC03) - 1 Page
4. Minor Individual Enrollment and USA Rugby Minor Participants Waiver (USA01) – 3 Pages
5. Payment of yearly rugby dues (see info on bottom half of this page)

Information about club provided *included **Accident Insurance by Zurich***, games, practices, locations, travel expectations, schedule, required gear, etc... can be found by going to www.stcloudrugby.org/hs and choosing "Play Rugby" then click on "Steelhead FAQs" from the top drop down menu (or contacting coach/team manager).

PAYMENT INFO

One season is \$125. See website for what that includes (Steelhead FAQs). **Players need to be fully paid before they can start practicing. They also need to have form USA01 processed by the St. Cloud Rugby club to insure they have proper liability insurance.**

Total Money Included: Cash _____ Check Number _____

* Player name needs to be in the check memo line

These completed forms and money/check can be mailed the below address or given directly to a Rugby Officer or Coach:

Chip LeMont
St. Cloud Rugby
254 14th Ave N
Sartell MN 56377

St. Cloud Steelhead Rugby Player Contact And Medical Release Form 2011 (SCRC02)

Player Name: _____

Grade: _____ School: _____ DOB: _____

Address: _____

City: _____ Zip Code: _____

Parent Name(s): _____

Home Phone: _____

Parent Cell Phone Number(s): _____

Player Cell Phone: _____

Player Cell Phone Provider (for mass txt): _____

**Example "Verizon" - Enter "none" if you do not wish to receive mass Text Updates*

Parent email address: _____

Player email address: _____

Family Physician: _____ Phone: _____

Known allergies, medical conditions, or medications: _____

Person to contact in case of emergency if parent(s) are not available:

_____ Phone: _____

In the event of an emergency, I authorize a representative of the St. Cloud Rugby Club to seek necessary medical attention for my child.

Parent or Guardian Signature: _____ Date: _____

St. Cloud Steelhead Rugby Club

Rugby Code of Conduct 2011 (SCRC03)

As a member of the St. Cloud Steelhead Rugby:

- I understand that it is a privilege to represent St. Cloud Rugby Club. Therefore, I agree at all times to conduct myself appropriately and honorable at all times but specifically at practice, at games and at all rugby sanctioned functions.
- I recognize that the reputation of the Steelhead, the St. Cloud Rugby Club, and my teammates are affected by and dependent on my conduct.
- I will treat all teammates, coaches, officials, referees, opposing players, and opposing coaches with respect.

I further acknowledge that the following conduct is unacceptable and will NOT be tolerated:

- Possession or use of alcoholic beverages, illegal drugs or tobacco products
- Any and all activities which are against the law
- Use of inappropriate language, or inappropriate activities during practices, games or sanctioned team functions.

I understand that failure to abide by the St. Cloud Steelhead Rugby Club Code of Conduct may result in immediate disciplinary action including, but not limited to, the following:

- Suspension from event (including practices, games, or other team events)
- Suspension from the team
- Forfeit of all payments for participation in current season
- Dismissal from the St. Cloud Steelhead Rugby Club
- Any combination of the above

I understand that the St. Cloud Steelhead Rugby Club coaching staff or club official's judgment will prevail in any disciplinary action which may arise and that any necessary code interpretation will be made by the coaching staff or club officials.

By signing below, I pledge to abide by the St. Cloud Steelhead Rugby Club Code of Conduct.

Player Signature

Date

Parent Signature

Date



**2010-2011 (MINOR) Individual Enrollment Application
USA Rugby Membership Services**

2500 Arapahoe Ave., Suite 200, Boulder, CO 80302

Fax: 303-302-0239 Phone #: 303-539-0300

To avoid the processing \$1.50 fee, register online at <https://membership.usarugby.org>

St. Cloud Rugby Administration will process forms online

ENROLLMENT INFORMATION – PLEASE PRINT LEGIBLY

Previously Registered with USA Rugby – CIPP # _____ New Participant for 2010-2011
 Club Name (Full Official Name): ST CLOUD STEELHEAD RUGBY Club ID (if known): 0030960
 Date of Birth (mm/dd/yyyy): ____ / ____ / ____
 Gender: Male Female
 First Name: _____ Last Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (____) _____
 E-mail address: _____ (REQUIRED: USA Rugby use only.)

Registration Type (Check all that apply): Player Referee Administrator

ENROLLMENT CLASSIFICATION AND ANNUAL FEES – CHECK ONE ONLY

<input type="checkbox"/> Senior – Affiliated with a senior men’s or women’s club or referee society	\$35.00	\$ _____	THIS FEE IS COVERED IN YOUR \$125 DUES. NO ADDITIONAL MONEY REQUIRED.
<input type="checkbox"/> Collegiate - Affiliated with a collegiate men’s or women’s team	\$30.00	\$ _____	
<input checked="" type="checkbox"/> High School - Affiliated with a high school team	\$20.00	\$ _____	
<input type="checkbox"/> Youth (Contact) - Affiliated with a youth team	\$10.00	\$ _____	
<input type="checkbox"/> Rookie Rugby Youth (Non-Contact) - Affiliated with a Rookie Rugby Team	\$5.00	\$ _____	
<input type="checkbox"/> Fan- Join the Eagle Supporters Club!	\$25.00	\$ _____	
Processing fee		\$ 1.50	
All applications sent to USA Rugby for processing require a \$1.50 processing fee.			
TOTAL INDIVIDUAL ENROLLMENT FEES		\$ _____	

METHOD OF PAYMENT

Organization Check Personal Check Check Number # _____ Invoice (include Request for Invoice Form)
 Visa MasterCard Name as it appears on credit card: _____
 Zip code of billing address for card holder: _____
 Credit Card Number: _____ Security Code: _____ Expires ____ / ____

Please write number clearly

SIGNATURE – Your application will not be processed without a signature.

I hereby affirm that the above information is true and correct, and that I have read and agree to the terms of the waiver on back of this form, and that if registering as a coach I consent to a background check.

Signature: _____ Date: _____

Parent/Guardian Signature (If under 18 years old): _____ Date: _____

**Incomplete or unsigned forms cannot be processed.
Send signed original form to USA Rugby - Retain a photocopy for your records.
Please allow 3-4 weeks for processing.**

- MINOR (PARTICIPANTS UNDER 18) -

USA RUGBY PARTICIPATION AGREEMENT AND WAIVER AND RELEASE OF LIABILITY

PLEASE READ CAREFULLY BEFORE SIGNING. THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS AND ASSUMPTION OF THE RISKS AGREEMENT.

This Participation Agreement and Waiver and Release of Liability is entered into between the undersigned "Parent" or "Guardian" and the minor participant "Participant" and USA Rugby, it's member unions, clubs, organizations, affiliates, partners, sponsors, vendors, directors, officers, employees, volunteers, members, agents, contractors, contracted entities and facilities and the owners and lessors thereof, hereinafter referred to as "USA Rugby" or collectively as "Releasees").

In consideration for the privilege of participation of the Participant in USA Rugby activities, Participant, Parent or Guardian acknowledge and agree as follows:

1. Participation in the activities of USA Rugby, including but not limited to warm-up, training, practice, games, clinics, travel, and social events (referred to herein as the "Activities"), includes participation in a full-contact sport, requires good health and fitness and can be **HAZARDOUS AND PRESENT A DANGER TO PARTICIPANT**. Participant and Parent or Guardian believe the Participant is qualified to participate in Activities, and if at any time the Participant, Parent or Guardian believe conditions to be unsafe, he/she will immediately discontinue further participation in the Activities _____, _____, _____ INITIAL HERE
2. Participation in Activities exposes Participant to **RISKS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH**. Risks may arise out of contact and/or participation with other participants, spectators, equipment, field, facility and/or fixed objects; falls, collisions, rough play, and other mishaps; exposure to adverse weather conditions and/or high altitude; flaws and defects in equipment and facilities; irregular field conditions; and negligent field maintenance, negligent officiating, negligent coaching and negligent participation. Risks may be caused by the Participant's own actions, or inaction, the actions or inaction of others participants, the condition of the facilities in which the Activities take place, and/or **THE NEGLIGENCE OF THE "RELEASEES."** Some Risks cannot be predicted or controlled. There may be other risks and social and economic losses either not known to me or not readily foreseeable at this time. _____, _____, _____ INITIAL HERE
3. Assumption of the Risks. **I CONSENT TO PARTICIPATION IN THE ACTIVITIES AND FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES** incurred as a result of such participation. _____, _____, _____ INITIAL HERE
4. Waiver and Release of Liability. In consideration for the privilege of the Participant's participation in the Activities, each undersigned hereby **RELEASES, DISCHARGES, COVENANTS NOT TO SUE, AND AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS RELEASEES** from any and all liability, demands, losses, medical expenses, lost opportunities, damages or attorneys fees and costs stemming from any or all claims for negligence, expressed or implied warranty, contribution, and indemnity, and/or claims of negligent rescue operations, first aid, and emergency care, to the broadest extent permitted by applicable law, including C.R.S. § 13-22-107, suffered by the Participant, Parent or Guardian or incurred on his/her account with respect to the Participant's personal injury and other injury or harm, disability, and/or death, or property damage, arising directly or indirectly from the Participant's participation in Activities, as caused or alleged to be caused in whole or in part by the Releasees or any of them, and further agrees that if, despite this release, the Participant or any other person makes a claim on the Participant's behalf against any of the Releasees, **THE UNDERSIGNED WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LIABILITY, LITIGATION EXPENSES, ATTORNEY FEES, LOSSES, DAMAGES OR COSTS ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM, WHETHER ASSERTED BY THE UNDERSIGNED, THE PARTICIPANT, OR ANOTHER PERSON.** _____, _____, _____ INITIAL HERE
5. Governing Law, Venue and Jurisdiction: The undersigned understands and agrees that this document is intended to be as broad and inclusive as permitted under applicable law and shall be governed by Colorado law. In the event of a dispute, the exclusive venue and jurisdiction for any lawsuit arising out of such dispute shall be the state court of Boulder County, or the federal courts located in Denver, Colorado. _____, _____, _____ INITIAL HERE
1. Severability: If any provision of this document is determined to be invalid for any reason, such invalidity shall not affect the validity of any of the other provisions, which other provisions shall remain in full force and effect as if this document had been executed with the invalid provision eliminated. _____, _____, _____ INITIAL HERE

THE UNDERSIGNED PARTICIPANT AND PARENT AND/OR GUARDIAN HEREBY CERTIFY THAT PARTICIPANT IS UNDER 18 YEARS OLD, THAT I HAVE COMPLETELY READ AND UNDERSTAND THIS AGREEMENT AND ITS TERMS. THAT PRIOR TO SIGNING THIS AGREEMENT, I HAVE HAD THE OPPORTUNITY TO ASK ANY QUESTIONS ABOUT THIS AGREEMENT. I AM AWARE, BY SIGNING THIS AGREEMENT I ASSUME ALL RISKS AND WAIVE AND RELEASE CERTAIN RIGHTS THAT I AND EACH OF MY HEIRS, NEXT OF KIN, FAMILY, RELATIVES, GUARDIANS, CONSERVATORS, EXECUTORS, ADMINISTRATORS, TRUSTEES AND ASSIGNS MAY HAVE AGAINST RELEASEES.

Parent/Guardian Signature Printed Name Date

I AM A PARENT/GUARDIAN OF THE PARTICIPANT, AND I ATTEST THAT I HAVE LEGAL RESPONSIBILITY OVER THE PARTICIPANT, AND, MY SIGNATURE IS SUFFICIENT TO CONSENT TO THE PARTICIPATION OF THE PARTICIPANT IN THE ACTIVITIES AND TO ENTER INTO THIS AGREEMENT FOR AND ON BEHALF OF THE PARTICIPANT.

Parent/Guardian Signature Printed Name Date

Witness Printed Name Date

PLEASE PRINT, INITIAL, SIGN AND RETURN TO YOUR AFFILIATED CLUB

- MINOR (PARTICIPANTS UNDER 18) -

USA RUGBY (MINOR) MEDICAL INSURANCE AGREEMENT AND USA RUGBY RULES ACKNOWLEDGEMENT

1. I, the undersigned parent/guardian, acknowledge that the minor child identified below (the "Minor") is covered by a personal or group insurance policy that has \$100,000 or more in coverage for medical, hospitalization, and other expenses of treatment and care should the Minor be injured or become ill while or as a result of participating in the Activities (as defined below) **WITH NO RESTRICTION FOR ACCIDENTS OR ILLNESSES WHILE PARTICIPATING IN SPORTS, SPORTS-RELATED ACTIVITIES, OR RECREATIONAL ACTIVITIES.** I understand such insurance will be my and the Minor's primary source of payment should medical treatment be necessary as a result of participation in the Activities. The undersigned accepts full financial responsibility for and agrees to pay all costs of medical treatment or care incurred due to the Minor's illness or injury arising out of the Activities that are not covered by such insurance policy.
2. The Minor will abide by all International Rugby Board, USA Rugby, territorial and local area union rules and regulations, including the arbitration procedures therein, for any dispute regarding the Minor's eligibility or right to participate in, USA Rugby-sponsored and -sanctioned activities and events, as set forth in the Bylaws of USA Rugby, as they are amended on a periodic basis, which are available on the USA Rugby web site (www.usarugby.org).
3. I affirm that the Minor is not suspended or banned from play or participation by any club, local area union, territorial union, or national union, and I authorize USA Rugby to verify the Minor's citizenship status with the appropriate governmental agencies.
4. I am aware that USA Rugby has the right to revoke the Minor's CIPP enrollment, and therefore his/her eligibility to play or coach, in the event of any violation of the aforementioned statement.

I HAVE CAREFULLY READ THIS MEDICAL INSURANCE AGREEMENT AND BY SIGNING BELOW AGREE TO ALL OF ITS TERMS. I SIGN THIS DOCUMENT VOLUNTARILY AND WITH FULL UNDERSTANDING OF ITS TERMS AND LEGAL SIGNIFICANCE. I AM A PARENT/GUARDIAN OF THE MINOR, AND I ATTEST THAT I HAVE LEGAL RESPONSIBILITY OVER THE MINOR, AND FURTHER ATTEST THAT, IF I AM THE SOLE PARENT/GUARDIAN SIGNING BELOW, MY SIGNATURE IS SUFFICIENT TO CONSENT TO THE PARTICIPATION OF THE MINOR IN THE ACTIVITIES AND TO ENTER INTO THIS MEDICAL INSURANCE AGREEMENT ON BEHALF OF THE MINOR.

PROVIDE NAME OF MINOR:

Parent/Guardian Signature	Printed Name	Date
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Parent/Guardian Signature	Printed Name	Date
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PLEASE PRINT, SIGN AND RETURN TO YOUR AFFILIATED CLUB

All clubs are required to maintain the signed waivers & releases in their possession for a minimum of three (3) years and provide to USA Rugby at any time upon request. For more information about USA Rugby's Liability Insurance protection, please visit: www.usarugby.org.