

Cumberland Valley Youth Rugby Program

Summer 2010 Registration Form

Check # _____

Two ways to sign up:

1. Registration Day: Return with completed registration form to Hampden Township Emergency Services Building, S. Sporting Hill Road on March 20 or 27, 2010, 10:30 AM to 2:30 PM. Sample uniforms will be available.
OR
 2. Mail in this form and registration fee on or before March 27, 2010 to:
CVYRA – C/O Jay Abom – 3608 Horsham Dr., Mechanicsburg, PA 17050
- Fee: \$70.00 per child. Every child receives a uniform and their own rugby ball. Checks payable to: CVYRA. Scholarships available. For more information, please go to www.cvyra.org.

Player Information

Name: _____
 Street: _____ City: _____ ZIP: _____
 Phone: _____ Parent * required Parent(s)
 e-mails* _____ Name: _____
 Sex: M / F Birth Date: _____ Grade (current): _____ School: _____

SELECT DIVISION using current grade (choose one):

- Touch _____ (1st grade and higher)
- Tackle: 6th/7th grade boys _____ 8th/9th grade boys _____ 7th/8th/9th grade girls _____

NOTE: 6th grade boys and 7th grade girls can select either tackle or touch.

Division selection should be based on grade completed as of June 2010.

VOLUNTEER REGISTRATION We are growing and we need every family's help!

PLEASE CIRCLE AT LEAST ONE: Coach / Asst. Coach / Field crew / Concessions /
 Tournament / Team Sponsorship Name of volunteer(s): _____
 Volunteer Coach's/Asst. Coach's shirt size (S, M, L, XL, XXL): _____

Uniform (Sample sizes will be available at registration day) (Please circle):

Jersey:	YM	YL	AS	AM	AL	AXL		
Touch Shorts:	YM	YL	AS	AM	AL	AXL		
Tackle Shorts:	26	28	30	32	34	36	38	40

Medical Information

Does your child have any health conditions that coaches and or participants should be aware of? If so, please advise:			
Does your child take medication in certain emergencies? If so, please advise:			
Non-parent Emergency / Contact:		Phone #:	

Acknowledgment and Authorization: I, the parent or guardian of the player named above, do hereby give my permission in my absence for any necessary emergency medical treatment to be administered by a licensed physician. I confirm that my child has medical insurance coverage. I also give my approval for his/her participation in all Cumberland Valley Youth Rugby Association activities and assume all such risks and hazards incidental to participation. I absolve, indemnify and agree to hold harmless CVYRA and its programs, sponsors, coaches, referees and other participant's from all such risks and hazards. I hereby grant CVYRA permission to use my child's image for educational and promotional purposes.

Parent / Guardian
 Signature: _____ Relationship: _____ Date: _____