

Raleigh Rugby Football Club, Inc.

7417 Poole Road in Raleigh, NC

www.raleighrugby.org

U19 Raleigh Youth Rugby Player General Information Form for Spring Season 2015

Name:	D.O.B:	School:
Address:		
Parents/Guardians Name(s):		
Home Phone:	Email:	
Work Phone:	Cell Phone:	
Emergency Contact Information	<u>n:</u>	
Name:	Ph	one(s):
Relationship to Child:		
coverage for participants; each participants acomprehensive medical insura		therefore rely on the private coverage is policy will allow us to quickly access
Health Insurance Provider & Polic	ey #:	
Any known medical conditions an	nd/or allergies that the RRFC staff	needs to be aware of:
their sponsors, coaches, administrate events occur for any loss or injury events. I also certify that the about	ators, volunteers, officers, and own which might occur during particip	t, I shall hold harmless the Raleigh Rugby Clubners of property on which Raleigh Rugby Clubpation in Raleigh Rugby Club sanctioned xamined within the last year by a physician etivities .
	present our consent to appropriate i	unavailable, I hereby give the Raleigh Rugby medical treatment for my child. I assume full
Signature of Parent/Guardian:		Date:
2015 U19 Player CIPP Registratio	on Number:	(go to www.usarugby.org to register)

Raleigh Rugby Dues are \$225 for spring season 2015 to include CIPP registration: Checks mailed directly to PO Box 19232, Raleigh, NC 27619 and made payable to the Raleigh RFC **OR** PayPal online @ http://raleighrugby.org/club-dues . If you are already CIPP registered then your dues are only \$180.