



**Morris Rugby Football Club, Denville Recreation & Denville PAL
Denville Dawgs Youth Rugby Program - Summer 2005**

Participants will only be allowed if a registration form is completed for each incumbent.

Please make checks payable to Morris Rugby Football Club.

Return your application with check to *Tom Feury - 6 Ivy Crest Lane, Rockaway, NJ 07866*

Checks and applications received after **MAY 1st, must include a \$10.00 late fee**

For more information, please call 973-246-4664 or visit our website at www.morrisrugby.com

Child's Last Name: _____ **First Name:** _____

Address: _____ **Sex: Male** ___ **Female** ___

City, Zip Code: _____ **Home Phone** _____ **Fall 2005 grade** _____

Medical Information

Please indicate if your child has difficulty with the symptoms listed below:

Heart Problems _____	Shortness of Breath _____	Asthma _____	Diabetes _____
Kidney Problems _____	Vision Problems _____	Chest Pains _____	Hearing Impaired _____
Glasses, Contacts _____	Concussions _____	Seizures _____	Headaches _____
Bone Joint _____	Skull Fracture _____	Past Operations _____	Allergies _____

Other: _____

Does your child take medication in certain emergencies? If yes please provide the coach written instructions.

Please indicate how you can help the Denville Dawgs this season

Training and certification will be provided for all volunteers!

Assistant Coach ___ Team Parent ___ Referee ___ Photographer ___ Equipment ___ Game help ___

Can you sponsor a team or find us one for \$150.00? If so, please provide a contact name and phone number:

Parental consent, contact information and Fees

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 also give my approval for his/her participation in all Morris Rugby Corporation activities and assume all such risks and hazards incidental to participation. I absolve, indemnify and agree to hold harmless Morris Rugby Corporation and its programs, sponsors, coaches and other participant's from all such risks and hazards. I hereby grant Morris Rugby Corp., or its assignees, permission to use my child's image for educational, promotional, fundraising and general public relations purposes.

Parent/Guardian Signature _____ **Relationship** _____ **Date** _____

In case of practice cancellation or to advise you of schedule changes, please provide the following information:
Names of both Parent(s)/Guardian(s) (if applicable):

Daytime and/or Work Phone #'s _____

Email addresses: _____

Fees: _____ **Amount \$**

Participation (\$35 participant, \$30 additional siblings) _____

Uniforms – necessary for those who do not have one from last year that fits: _____

Rugby Jersey (\$15 each) circle size: youth S,M, L, XL, adult S, M, L _____

Rugby Shorts (\$10 each) circle size: waist “ 20,22,24,26,28,30,32,34,36,38,40 _____

Late Fee (\$10 after May 1st) _____

Total enclosed: _____