

# Silicon Valley Rugby Football Club–2009-2010 Season Application



USA Rugby Club ID: **20544**

Website: <http://www.siliconvalleyrugby.org>

Please complete the form below with the appropriate signatures and return it with your \$110 Season Dues (scholarships available based on need).

Starting this season you must pay USA CIPP and Pacific Coast Fees directly at <https://membership.usarugby.org>

CIPP Number: <input type="text"/>	
First Name <input type="text"/>	Last Name <input type="text"/>
Street <input type="text"/>	Birth Date <input type="text"/> Citizenship <input type="text"/>
City <input type="text"/>	State <input type="text"/> Zip <input type="text"/>
My Phone (cell/home) <input type="text"/>	Other Phone (cell/home) <input type="text"/>
e-Mail <input type="text"/>	Waist Size <input type="text"/> Height <input type="text"/> Weight <input type="text"/>
School <input type="text"/>	Grade <input type="text"/>
Father Full Name <input type="text"/>	Father Phone <input type="text"/>
Mother Full Name <input type="text"/>	Mother Phone <input type="text"/>
Father e-Mail <input type="text"/>	Mother e-Mail <input type="text"/>
Emergency Contact <input type="text"/>	Emergency Phone <input type="text"/>
Insurance Carrier <input type="text"/>	Medical Number <input type="text"/>
Medical Concerns <input type="text"/>	(Asthma) (Allergies)

I/we have read and agree to the terms of the [USA Rugby Liability Waiver](#) incorporated by reference (or on back of this form). I understand and agree that signing below is the same as signing the USA Rugby Liability Waiver separately.

I agree to support my teammates by attending all practices and games between December and May (or notifying the coach in advance of any inability to attend). I agree to keep myself fit and to play in a safe manner. I understand that my failure to follow the teams training rules affects the whole team and will result in discipline, possibly including suspension from the team.

Player Signature \_\_\_\_\_ Date \_\_\_\_\_

In addition to the terms of the Liability Waiver, I agree to support my son and the team by making sure dues are paid, by providing required safety equipment (mouth guard and Rugby cleats), by maintaining medical coverage for my son.

I also agree to complete the [Positive Coaching Alliance Parent Pledge](#).

Also, I can help with:  game day transportation     home game BBQ's     parent coordination     field setup     tours

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_