



Aurora Barbarians RFC Indoor Rugby Registration 2008

Return completed registration forms with payment:

Checks payable to: **Aurora Barbarians RFC**

Fee: **\$50.00 per player**

Player Information

Name: _____
 Street: _____ Town: _____ Postal Code: _____
 Phone: _____ E-mail: _____ Parent(s) Name: _____
 Sex: M / F Birth Date: _____ Grade: _____ School: _____

Medical Information

Does your child suffer from any health conditions that coaches and or participants should be aware of?			
Does your child take medication in certain emergencies?			
Does your child suffer from any allergies?			
Emergency / Contact Name:		Phone #:	
OHIP Number:			

Registration Fees

Registration \$50.00

Total

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 also give my approval for his/her participation in all Aurora Barbarians RFC activities. I acknowledge that participation in the sport of rugby as conducted in accordance with its laws and regulations may involve inherent risks that can cause serious injury to its participants, particularly to its players. I understand the risks and dangers associated with participation in the sport of rugby as conducted in accordance with its laws and regulations and do accept the same entirely at my own risk and assume all such risks and hazards incidental to participation. I absolve, indemnify and agree to hold harmless all Aurora Barbarians RFC and its programs, sponsors, coaches and other participant's from all such risks and hazards.

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

For all Aurora Barbarians RFC use only:

Check Amount: \$ _____

Check #: _____

Cash Amount: \$ _____