

# 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 Sharon Nestler – 3608 Kent Dr., Mechanicsburg, PA 17050
- Fee: \$70.00 per child if received before MARCH 27; \$95 per child if received after MARCH 27, 2010 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](http://www.cvyra.org).

## Player Information

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

SELECT DIVISION using current grade (choose one):

- Touch \_\_\_\_\_ (1st grade and higher)
- Tackle: 6<sup>th</sup>/7<sup>th</sup> grade boys \_\_\_\_\_ 8<sup>th</sup>/9<sup>th</sup> grade boys \_\_\_\_\_ 7<sup>th</sup>/8<sup>th</sup>/9<sup>th</sup> grade girls \_\_\_\_\_

**NOTE: 6<sup>th</sup> grade boys and 7<sup>th</sup> 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

<b>Does your child have any health conditions that coaches and or participants should be aware of? If so, please advise:</b>			
<b>Does your child take medication in certain emergencies? If so, please advise:</b>			
<b>Non-parent Emergency / Contact:</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="width: 40%; text-align: center;"><b>Phone #:</b></td> </tr> </table>		<b>Phone #:</b>
	<b>Phone #:</b>		

**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:** \_\_\_\_\_