

**Mine Hill Rugby Youth Program - Summer 2008**

**Fee:** \$50.00 per child, \$40.00 for each additional sibling. \$30.00 fee for returned checks

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

**Please make checks payable to Mine Hill Recreation**

Return your application with check to Barbara Thompson at the Civic Center  
Checks and applications received after **MAY 15, must include a \$10.00 late fee**

**For more information, please call (973) 366-9031, ext. 61 or  
Robert Hugues 973-219-1632 [rhugues5@optonline.net](mailto:rhugues5@optonline.net) or visit [www.minehillrugby.com](http://www.minehillrugby.com)**

**Child's Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Sex: Male** \_\_\_\_\_ **Female** \_\_\_\_\_

**City, Zip Code:** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade in September 2008:** \_\_\_\_\_

**Clothing sizes (circle one for each):** Shorts waist size YOUTH S M L XL ADULT S M L  
Tee shirt (Youth S, M, L, XL Adult S, M, L, XL) Jersey Size Y-M Y-L Y-XL A-S A-M A-L A-XL

**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 Mine Hill Tigers 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.

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.

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 address: \_\_\_\_\_

For Recreation use only- Check Amount \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash Amount \_\_\_\_\_