

ALLENTOWN BLUES RUGBY FOOTBALL CLUB

Player Name: _____ Date: _____

Age (as of last Sept 1st): _____ Paid \$ _____

Address: _____

City: _____

Zip Code: _____

Your cell Phone: _____

Birth Date: _____

Email: _____

Name of school: _____, Grad year _____

T-shirt size _____ (s,m,l,xl) Shorts size _____ (inches)
(check with your mom if you are not sure)

Parents: (both)

Name: _____

Cell: _____

Email: _____

Hand in with Authorization and Code of Conduct Form and 2017 Rugby Dues of \$100, Write Check to Allentown Blues RFC.

Once dues is paid you will get T-shirt.
Shorts and Socks will be ordered in February, if you do not have them you will need to get black rugby shorts and royal blue rugby socks.

2017 Allentown Blues AUTHORIZATION FOR EMERGENCY MEDICAL TRANSPORT
AND /OR TREATMENT

I, _____ (parent) am the parent or guardian of the
(minor child / child) (cross out one) _____ (player), and I hereby
authorize and appoint the coach and /or administrator of the The Allentown Blues RFC Team to
request and authorize emergency medical transport and /or treatment on behalf of my child.
However, this authorization shall be effective ONLY in the event of an emergency, and ONLY if
appropriate paramedical, medical and /or hospital personnel have been unable, after
reasonable efforts, to contact the one of the persons designated below so as to obtain
authorization for emergency medical transport and /or treatment. *I direct and request that
the efforts be made to contact the following persons in the event of an
emergency involving myself or my child.*

1st Contact:

Name _____

Cell Phone Number _____

Relation _____

2nd Contact

Name _____

Cell Phone Number _____

Relation _____

Parent Signature

Date

To be completed Parent or participant:

A. Does the Participant you have any Allergies (i.e. drugs, bee stings, etc.)? Yes _____ No _____

If so, Please describe: _____

B. Does the Participant currently receiving any medications? Yes _____ No _____

Please describe: _____

INCLUDE COPY OF INSURANCE CARD

Name of primary insured: _____

Policy# _____ Group I.D. # _____ -

ALLENTOWN BLUES RUGBY FOOTBALL CLUB

Travel and Code of Conduct Form

Note:

Player must fill out and sign and parent or guardian must also read both portions and sign Parental Consent.

I, _____ understand that the following rules apply when I am traveling or on tour or at practice or any other activity with The Allentown Blues Youth and High School Rugby Team also known as (Allentown Blues RFC)

Traveling to match's, tours, tournaments and other events with (Allentown Blues RFC) is a privilege, not a right.

- A. While I am traveling with (Allentown Blues RFC), I must act at all times as a representative of the (Allentown Blues RFC) , my high school rugby team, Rugby Pennsylvania and my family.**
- B. I will at all times conduct myself quietly and respectfully as a civil person, and shall not engage in mischief, vandalism, unnecessary roughhousing or horseplay.**
- C. I will at all times respect the personal property and business property of others, and will never act to destroy, damage, deface or remove such property.**
- D. I will at all times abide by the directions and instructions given to me by those adults responsible for the travel or tour on behalf of(Allentown Blues RFC), including especially the coordinator, coach's, parents and chaperones.**
- E. I will strictly follow the curfew as set by the coach's, parents and or/chaperones.**
- F. Actual or attempted purchase, possession, transport or consumption of alcoholic beverages, illicit drugs or drug paraphernalia is illegal and strictly forbidden in connection with any Allentown Blues RFC) activity.**
- G. If there is any reason to believe that I have violated one or more of the above rules, then at the discretion of (Allentown Blues RFC representative(s), I may be removed from the team and transported, at my own expense or the expense of my parents, back home via the most immediate mode of transportation available.**
- H. I agree that no matter how good of a player I am, or think I am, the coaches have a right to pull me off the pitch or not allow be to play in a match if I break these rules.**

Date:_____ Parent name (printed) _____

Player name signature_____

Parental Consent: I have reviewed and understand the above rules. I have discussed the rules with my child. I consent to my child's participation in the 2017 Allentown Blues Youth and High School Rugby Season,

All subject to the above rules.

Date:_____ Signed_____

Parent or guardian