Morris Rugby, Mine Hill Recreation Mine Hill Tigers Youth Rugby Program - Summer 2012

Child's Last Name:	First Name:	
Address:	Sex: Male Fema	le
City, Zip Code:Hom	e Phone Fall 2012 g	grade
Parent or Guardian Name	Cell Phone	
Email addresses:		
Medic	cal Information	
Please describe any medical or health problems your child	l may have:	
Is there medication to be taken in certain emergencies? _	If yes, please describe:	
Please indicate how you can	n help the Mine Hill Tigers this season	
Training and certification will be provided for all volunteed Assistant Coach Team Parent Referee Photocompanies a team or find us one for \$150.00? If so, the solution of the sol	otographer Equipment home gam	
Parental	consent and Fees	
I, the parent or guardian of the player named above, do hereby a treatment to be administered by a licensed physician. I also give activities and assume all such risks and hazards incidental to pa Corporation and its programs, sponsors, coaches and other particorp., or its assignees, permission to use my child's image for e purposes.	give my permission in my absence for any neces e my approval for his/her participation in all Mor rticipation. I absolve, indemnify and agree to ho icipant's from all such risks and hazards. I hereb	rris Rugby Corporation old harmless Morris Rugby by grant Morris Rugby
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For more information, please call (973) 366-9031, ext. 61 or Ed Joyce at 973-600-7533 and at edjoyce009@verizon.net or visit www.minehillrugby.com

For Recreation use only- Check Amount \$_____Check # _____ Cash Amount __