



Panther City Youth Rugby Club



Summer 7's Local League Registration Form

Entire Form Must Be Completed

Athlete's Name (full)

_____/_____/_____
Age Birth Date Sex

School

Grade

Adult T-Shirt Size: S M L XL XXL

Name of Custodial Parent / Legal Guardian (full)

Phone-1 () home () mobile () work

Relation to Athlete

Email

Address (Line1)

Health Insurance Company Policy #

City State Zip

Name of Primary Person Insured by Above Policy

Registration is for: () Single Athlete \$ 65.00

() Team \$ 475.00 (collective total)

*All athletes must be in the same age division as a team;
And, all registration forms must be submitted together*

Method of Payment () Check # _____ () Money Order

Send Registration & Payment to: PCYRC – PO Box 470066, Fort Worth TX 76147

Note: (1) Any and all PCYRC events/activities may be cancelled due to weather or conflicting field use and rescheduled to an alternate date and/or time. When time permits, PCYRC will attempt to provide prior notice of any changes by email and/or posting on our website. (2) Prorated refunds will only be provided in the case of a medically (physician) confirmed injury / illness that will cause the athlete to miss over 50% of the activities he/she if registered for.

RELEASE OF LIABILITY & PERMISSION TO TREAT

As custodial parent or court-appointed guardian of the above named athlete ("CHILD"), I do for both CHILD's parents, for CHILD and CHILD's heirs and successors, release Panther City Youth Rugby Club, its agents, representatives and sponsors as well as its governing associations, (collectively "PCYRC") from all claims arising out of or in connection with CHILD's participation in any PCYRC program. I provide this release because I AM AWARE THAT ATHLETIC ACTIVITY AND PHYSICAL TRAINING CAN BE A DANGEROUS UNDERTAKING, AND THAT PARTICIPATION IN A CONTACT/COLLISION SPORT FURTHER INCREASES THE POTENTIAL FOR SERIOUS INJURY OR DEATH, REGARDLESS OF HOW CAREFUL OR PRUDENT ANY PERSON, FIRM OR FACILITY MIGHT BE. I further give permission to PCYRC to treat CHILD or arrange for medical care or treatment for CHILD in any situation deemed reasonably necessary by PCYRC. If circumstances permit, PCYRC shall first attempt to contact myself or the following emergency contact for CHILD by telephone.

Emergency Contact (Print Name)

Phone () home () mobile () work

As custodial parent or court-appointed guardian of the above named athlete ("CHILD"), I understand that PCYRC does not provide any form of medical insurance to its participants and that all medical expenses related to the care of my CHILD are my responsibility.

Signature of custodial parent or court-appointed guardian

Relationship

_____/_____/_____
Date

In order to seek appropriate medical care for CHILD, please disclose the following:

Medical Conditions _____

Prescription Medications Taking _____

Within the last 6 months, has child experienced a head injury/concussion that included amnesia (loss of memory) or loss of consciousness?

() Yes () No If Yes, what month _____

Form will not be accepted or considered valid if altered or modified.