

Season Registration Packet Checklist

All players - Please complete, sign and return the following attached forms:
☐ Registration Form
 Permission to Participate, Release, and Medical Authorization Form
Code of Conduct Form
USA Rugby Release Form
All players - Please also provide the following items: Copy of School ID (Passports and/or licenses are no longer accepted) Registration Fee
New players only need to also provide: Copy of Legal Birth Certificate

Registration Fees and Age Groups

- ❖ Under 10 Division = \$300
- ❖ Under 12 Division = \$300
- ❖ Under 14 Division = \$300
- ❖ Under 16 Division = \$300
- Under 18 Division = \$300

Registration Fee (checks made payable to "SCV Youth Rugby") includes shorts, socks, practice jersey, required SCYR, USA Rugby membership fees and USA Rugby accident insurance. Coaches will provide team game jerseys before each game. Individual jerseys will be available to purchase separately, if desired.

ABSOLUTELY NO REFUNDS

No refunds will be given if a player elects to drop for any reason. All fees paid will be considered donations to Santa Clarita Valley Youth Rugby Club.

^{**}Get a friend to sign up that has never played for SCV Youth Rugby, and you will get a \$25 discount on your registration fee



Season Registration Form

Player Name:				CIPP #			
Birth Date:		Male or	Female	Division			
Address:							
Home Phone:			Player's Cell:				
Mother's Name:			Father's Name:				
Mom's Cell:			Dad's Cell:				
*Text messagin	g will be an impor	tant source	of notification	ı .			
Parent Email:			Player En	_ Player Email:			
Health Insurance Provider:		Policy Number:					
Family Physician:		Phone No.:					
Preferred Emerg	ency and/or Urgent	Care Facility	<i>r</i> :				
Any special need	ds?:						
Uniform Sizes							
Jersey: Youth	S Youth M	Youth L	Adult S	Adult M	Adult L	Adult XL	
Shorts: W	/aist Size	_					
Socks: Ye	outh (3-6) Add	ult (7-12)					
Please tell us ho	w you heard about	our club:					
^^^^^^	^^^^^^		^^^^^		^^^^^	^^^^^	
Date:		Amount P	aid \$		Check #		



Season Permission to Participate, Release and Indemnity, Authorization for Medical and/or Dental Treatment

consent, the undersigned understands and acknowledg	hereby grant permission for him/es with Santa Clarita Valley Youth Rugby. In granting this es the physical activity. The undersigned acknowledges yer should obtain medical clearance prior to the player /alley Youth Rugby Club.				
undersigned agrees to not make or join in a claim or of Santa Clarita Youth Rugby Club, Rugby California and Society and all affiliated entities, including, without limit	d to participate in the activities specified above, the sivil suit for injury, death or property damage against the d constituent bodies, the Southern California Referees ation, their respective administrators staffs, or volunteers d or the player may hereafter have for injury, death or out of participation in the activity specified above.				
Further, if a claim or civil suit is brought against the Santa Clarita Valley Youth Rugby Club, Rugby California and its constituent bodies, the Southern California Rugby Referees Society and all affiliated entities, including without limitation, their respective administrators, staff or volunteers as result of the actions of the above named player for injury, death or property damage, the undersigned agree(s) to indemnify and hold volunteers from any and all such claims, suits, damages, including judgments and/or settlements, whether such claims arise out of the negligence or intentional misconduct of the above named player, whether such negligence is active or passive and whether individually or in concert with others.					
AUTHORIZATION					
the supervising or participating adult permission in the specified above to consent to the following: x-ray extreatment and upon the advice of a physician and surge Act or to consent to an x-ray examination, anesthetic, or	above named minor player, hereby authorize and grant to event of illness or injury, while participating in the activity amination, anesthetic, medical or surgical diagnosis or eon licensed under the provisions of the Medical Practice lental licensed under the provision of the Dental Practice medical or dental records to the attending physician or				
I also authorize my child's photograph to be taken and u Youth Rugby Club.	used for promotional purposes by the Santa Clarita Valley				
Parent/Guardian printed name	Parent/Guardian signature				

Date



SANTA CLARITA VALLEY TIGERS

Season Code of Conduct

SCV Youth Rugby Club follows USA Rugby's Code of Ethics. Please read and discuss the following with your player and family members, then sign and return at time of registration.

PLAYER'S CODE OF CONDUCT

- * Play for enjoyment
- * Play hard, but always play fair. Winning isn't everything Honor is!
- * Play by the laws of the game
- * Be committed to your team and attend all practices and matches
- * Never argue with the referee's decisions and control your temper
- * Work equally hard for yourself and your team
- * Be a good sport and applaud all good play whether by your team or opponent
- * Remember the goals of the game; have fun, improve your skills, play responsibly
- * Be humble in victory and gracious in defeat

PARENT'S CODE OF CONDUCT

- * Be positive with all referees and acknowledge their efforts
- * Let the coaches run the game. If you see a problem, seek a club official
- * Let the children play their game, not a parent's game
- * Praise actual efforts not results
- * Set a positive example for all the children, parents and visitors
- * Do not criticize, belittle or question the ability of any official, coach or player
- * Control your emotions at games and events
- * Do not yell at, criticize or verbally abuse any players, coaches, parents or officials

Santa Clarita Valley Youth Rugby Club reserves the right to ask any player or parent to leave the premises of a match, practice or team even if their behavior is not consistent with the above Code of Conduct.

Player's Signature:	Date:		
Parent's Signature:	Date:		

USA Rugby Waiver Page 1

USA Rugby Waiver Page 2