

## Required REGISTRATION & Release Forms Frostbite Rugby Tournament

Please complete the Hempfield Quad and Stadium Team release form attached and include all players and appropriate signatures. Use additional forms if you have more than 18 players.

Please also bring your current players' medical release forms, or use the one attached. These must be shown at registration but should be kept with the coach during the event.

**Please review these requirements for team registration:**

Registration will be held on Saturday, Feb 25, from 7-9:00am at the tournament headquarters located in the Landisville Middle School Cafeteria, 350 Mumma Dr, Landisville, PA 17538

Each team must be registered with a regional rugby association affiliated with USARFU and present the following documents at registration one hour prior to their first game:

- **A copy of the team's CIPP approved roster** to be turned in at registration
- **Each player and coach must be CIPP'd** prior to the start of the tournament. Any team fielding an ineligible player will be disqualified and automatically forfeit their tournament fee
- **Medical and team forms/release documents** for each player must be shown at registration and coaches must have these in their possession during the games. You may use the form provided on page 3 if you do not have one available. Please complete in advance of the event.
- **Please note:** a player may compete for only one team in the tournament
- All teams are responsible for their own insurance
- In case of accident or injury while traveling to or from and during the tournament, the Hempfield Soccer Club, Nightmare RFC, Lancaster Roses AC, Hempfield School District, and their Executive Boards, or any teams participating in the tournament, will not be held liable.
- All teams must provide **team release forms** at registration and have them in their possession at the tournament site during matches (see attached form on page 2)
- Please review and print tournament rules to bring with you. They can be found on our website rules link.



# Medical Release

**PLEASE PRINT**

I hereby give my permission for any and all medical attention necessary to be administered to My child: (first name ) \_\_\_\_\_ (last name) \_\_\_\_\_, In the event of accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted, this release is effective for a period of one year from the date given below. I also assume the responsibility for the payment of any such treatment, including, but not limited to transportation for required treatment.

**PARENT/GUARDIAN:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **OFFICE PHONE:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**PAGER:** \_\_\_\_\_ **OTHER** \_\_\_\_\_

**NAME OF INSURANCE COMPANY:** \_\_\_\_\_ **AGENT:** \_\_\_\_\_

**POLICY NUMBER:** \_\_\_\_\_ **GROUP NUMBER:** \_\_\_\_\_

**TYPE:** \_\_\_\_\_

In case I cannot be reached, any of the following people are designated to act on my behalf:

1. COACH: \_\_\_\_\_

2. ASSISTANT COACH/MANAGER: \_\_\_\_\_

3. Any event representative where my child is participating.

4. Team parent: \_\_\_\_\_

In case I cannot be reached, please call \_\_\_\_\_ at \_\_\_\_\_

**OUR PHYSICIAN'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_, **MI.** **ZIP:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **HOSPITAL:** \_\_\_\_\_

**KNOWN ALLERGIES:** \_\_\_\_\_

**KNOWN DISABILITIES:** \_\_\_\_\_

**OTHER IMPORTANT MEDICAL INFORMATION:**

\_\_\_\_\_  
\_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**And Signature of Player if of legal age:** \_\_\_\_\_ **Date:** \_\_\_\_\_