

ROCHESTER AARDVARKS U-19 RUGBY PROGRAM

PARTICIPANT CHECKLIST

INSTRUCTIONS

Please read all included documents and complete and sign all included forms. Include a photocopy(s) of all required document copies. Cash or check payment will be accepted, payable to Rochester Aardvarks RFC. Please ensure that the participant has the required equipment prior to competition. The completed forms, photocopied documents, and payment will be collected at the participant's first practice.

DOCUMENTS

- PARTICIPANT'S CHECKLIST
- PARENT'S LETTER
- PROGRAM SCHEDULE
- PLAYER CODE OF CONDUCT
- PARENT CODE OF CONDUCT

FORMS

- PLAYER BIOGRAPHY FORM
- USA RUGBY CIPP FORM
- LIABILITY WAIVER FORM
- PLAYER CONSENT AND MEDICAL RELEASE FORM
- MEDICAL HISTORY QUESTIONNAIRE
- PLAYER CODE OF CONDUCT
- PARENT CODE OF CONDUCT

COPIED DOCUMENTS

- PHOTOCOPY OF USA RUGBY CIPP CARD (If CIPP Registered)
- PHOTOCOPY OF PHOTO ID
- PHOTOCOPY OF INSURANCE CARD
- PHOTOCOPY OF BIRTH CERTIFICATE

PAYMENT

- \$60.00 (Please add \$10.00, if NOT CIPP Registered).

EQUIPMENT

- MOUTHPIECE (FORMED)
- SOCCER STYLE CLEATS
- SHORTS/SHIRT
- WIND COAT/PANTS
- WATER



Rochester Aardvarks Rugby Football Club

ROCHESTER AARDVARKS U-19 SUMMER SEVEN'S RUGBY PROGRAM

Saturday, May 24, 2003

Dear Parent,

So, your son or daughter has decided to play Rugby? DON'T PANIC! Rugby is a wonderful game, with a rich tradition both here in New York and around the world. It is the contact game of choice for countries such as England, Australia, New Zealand, Ireland, France, Scotland and Wales. Throughout the world people play Rugby from grade school through adulthood. In fact, Rugby is truly a "Life Sport" because, unlike American-Football, players continue to participate in the Rugby game long after they leave school. Players continue playing competitive rugby for years and years by joining local men's or women's clubs. Senior Clubs even have "Old Boys" teams composed of players over 35 years of age! This letter is intended to help you understand the game of Rugby a little better, and give you some information about those that play it.

Some Rugby players you may have heard of: President Bill Clinton played at Oxford; Newt Gingrich's sister, Candace, plays for the Washington Furies; Pope John Paul played for Poland; Darren Nelson, former Minnesota Viking, played at Stanford; Ted Kennedy played at Harvard; Boris Karloff founded the Southern California RFU; Jim Baker played at Princeton; actors David Niven and Richard Harris played Rugby both on and off the screen; Mick Luckhurst, former kicker for the Atlanta Falcons, played at St. Cloud State; Dick Enderlie All-Pro for the New York Giants; Sean Connery played school-boy rugby. These and many, many others are part of the Rugby community!

The Rochester Aardvarks U-19 Summer Seven's Program has been developed to promote the sport of rugby, improve the standard of rugby, and the image of the game as a spectator sport within the local community, the greater Rochester area, and nationally. The summer camp program is open to all high school boys and girls 19 years of age and under. The summer program is nine (9) weeks in length and is designed to teach players both individual and team skills. The emphasis is on having fun while learning both basic and advanced rugby skills with the intent to become a better player. Field instruction is designed for both basic and advanced skill levels with the opportunity to compete in controlled scrimmages and games. Players are also responsible for their own transportation arrangements to and from the program.

Summer Program Fee: \$60.00 (w/o CIPP Member: \$70.00)

Summer Program Schedule: Tuesday May 27th, 2003 – Thursday July 25rd, 2003 from 5:30pm – 8:00pm

Rugby is definitely a "contact" sport, but it is not a brutal sport. In fact, it is much less violent than American Football. There are several very good and logical reasons for this including the fact that contact, while vigorous, is much less dangerous than in American football since neither blocking or rigid protective equipment is allowed in Rugby. This means players are not getting 'blind-sided' by the unexpected blocker nor striking each other with 'armored' shoulders and helmets. Also, dirty or dangerous play is not tolerated, and the offending player may be ordered off the field or even suspended by his club or the local league. Rugby places as much importance on sportsmanship as on winning. Here are some other reasons rugby compares favorably with football:

- 1) Possession:** Rugby is a game of possession, not yardage. Therefore coaching emphasizes passing the ball before being tackled as well as other skills aimed at keeping the ball in your team's possession, and not struggling ahead trying to gain a few more yards while the opponents entire team tries to drag you down.
- 2) No Blocking:** (Surprise) Most think a lack of blocking makes the game more dangerous, but the fact is it makes rugby safer because defenders are not being blind sided by some sprinting lineman hoping to open a hole in the defense (and in the defender!). In football space is created for a runner by brute force (blocking). In rugby space is created by guile and cunning (passing the ball and using misdirection). In Rugby, nearly all collisions between players is anticipated by both, and therefore better prepared for.
- 3) Tackling:** (Surprise part deux) Tacklers must wrap their arms when tackling. No 'rolling body block' type tackles aimed at an opponent's knees are allowed. Also, NO tackling is allowed above the shoulders. Also known as 'high tackling', it is strictly forbidden and quickly penalized if it occurs. This not only makes for safer play but for sure tackling. Coaches teach not only how to tackle but how to be tackled (i.e. how to fall so that your team keeps possession of the ball).

Finally, the Rugby community is a unique group of individuals (and a group of unique individuals) who dare to try something different... a legendary game that mixes strength, speed and agility. A game that will forever welcome athletes of any and every size and shape. Successful rugby does require fitness, but first and foremost it requires that special person who's ready, willing and able to give it a go.

With You,

Michael A. Bradley
Youth Rugby Coordinator
Rochester Aardvarks RFC

A few Rugby websites that will interest you and provide some key information.

- www.rochesteraardvarks.com - Local Men's Club Sponsor
- www.rugbyrugby.com - Global Rugby Information
- www.usarugby.org - National Governing Organization
- www.irb.com - International Governing Organization

ROCHESTER AARDVARKS U-19 RUGBY PROGRAM

2003 SUMMER SEVEN'S SCHEDULE

Weekday	Date	Location	Time	Tournament
Tuesday	May 27	Cobb's Hill	5:30-8:00	
Thursday	May 29	Cobb's Hill	5:30-8:00	
Tuesday	June 3	Cobb's Hill	5:30-8:00	
Wednesday	June 4	Elmwood Ave	5:30-8:00	
Thursday	June 5	Cobb's Hill	5:30-8:00	
<u>Fri-Sat</u>	<u>June 5-6</u>	<u>Battle Creek MI</u>	<u>Boys only</u>	<u>Rites of Spring</u>
Tuesday	June 10	Cobb's Hill	5:30-8:00	
Wednesday	June 11	Elmwood Ave	5:30-8:00	
Thursday	June 12	Cobb's Hill	5:30-8:00	
<u>Fri-Sat</u>	<u>June 13-14</u>	<u>North Penn, PA</u>	<u>Boys and Girls</u>	<u>Boddington 7's</u>
Tuesday	June 17	Cobb's Hill	5:30-8:00	
Wednesday	June 18	Elmwood Ave	5:30-8:00	
Thursday	June 19	Cobb's Hill	5:30-8:00	
Tuesday	June 24	Cobb's Hill	5:30-8:00	
Wednesday	June 25	Elmwood Ave	5:30-8:00	
Thursday	June 26	Cobb's Hill	5:30-8:00	
Tuesday	July 1	Cobb's Hill	5:30-8:00	
Wednesday	July 4	Elmwood Ave	5:30-8:00	
Thursday	July 3	Cobb's Hill	5:30-8:00	
Tuesday	July 8	Cobb's Hill	5:30-8:00	
Wednesday	July 9	Elmwood Ave	5:30-8:00	
Thursday	July 10	Cobb's Hill	5:30-8:00	
Tuesday	July 15	Cobb's Hill	5:30-8:00	
Wednesday	July 16	Elmwood Ave	5:30-8:00	
Thursday	July 17	Cobb's Hill	5:30-8:00	
<u>Sat-Sun</u>	<u>July 19-20</u>	<u>Toronto, Canada</u>	<u>Boys and Girls</u>	<u>Magnificent 7's</u>
Tuesday	July 22	Cobb's Hill	5:30-8:00	
Wednesday	July 23	Elmwood Ave	5:30-8:00	
Thursday	July 24	Cobb's Hill	5:30-8:00	
<u>Saturday</u>	<u>July 26</u>	<u>Buffalo, NY</u>	<u>Boys and Girls</u>	<u>Empire State Games</u>

Practices / Home Games / Away Tournaments

Practices: All players must attend a minimum of (2) practices before game participation will be allowed. Practices are combined men/boys/girls for non-contact sessions and will be at Cobb's Hill Park, corner of Monroe/Highland.

Games: Al Sigl Center, 1000 Elmwood Avenue, Rochester, NY. Games are separated and will alternate Girls game/boys game/girls game from 5:30-8:00 on Wednesday nights.

Tournaments: ***Rochester Aardvarks U-19 Select Side.*** 10 player's maximum per team; 1 boy's team and 1 girl's team. Players eligible for the select side will attend Tuesday/Thursday practices and must be able to cover players cost for travel and accommodations. Cost will vary depending on tournament entry fee, accommodations, and travel arrangements.

Contact information: Michael A Bradley, 114 Edgerton Street, 585-455-4839

ROCHESTER AARDVARKS U-19 RUGBY PROGRAM

PLAYER'S CODE OF CONDUCT

I hereby pledge to provide a positive attitude and be responsible for my participation and behavior in Rochester Youth Rugby by following this Code of Conduct:

I will exhibit good sportsmanship and encourage it from fellow players, coaches, officials and parents at every game and practice.

I will attend every practice and game that is reasonably possible and notify my coach if I cannot.

I will do my very best to listen and learn from my coaches. I will treat my coaches and fellow players with respect regardless of race, sex, creed or ability and will expect to be treated accordingly.

I understand that the rugby referee is the only controlling force during the game and that abusive language or repeated complaining to the referee will seriously penalize and reflect poorly on my team.

I will not use obscene language or gestures.

I will never attempt to intimidate, abuse, or assault other players. I understand that fighting or dangerous play is not tolerated and will lead to ejection from the game and suspension from future games.

I deserve to enjoy and grow in my time on the rugby pitch and will alert parents or coaches if it stops being a positive experience.

I will not use alcohol, tobacco, or drugs.

I will encourage my parents to be involved with my team in some capacity.

While rugby is important to me and requires tremendous commitment, I understand that without exception, school comes first. I will do my best to apply my rugby discipline to improve my grades and study habits.

I will remember that playing rugby is an opportunity to learn, develop and have fun.

ROCHESTER AARDVARKS U-19 RUGBY PROGRAM

PARENT'S CODE OF CONDUCT

I hereby pledge to provide positive support, care and encouragement for my son(s)/daughter(s) participating in Rochester Youth Rugby by following this Code of Conduct:

I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game and practice.

I will place the emotional and physical well being of my child ahead of any person(s)/daughter(s) al desire to win.

I will insist that my son(s)/daughter(s) play in a safe and healthy environment.

I will provide support for all coaches and officials working with my son(s)/daughter(s) to provide a positive enjoyable experience for all.

I understand that the rugby referee is the only controlling force during the game and that to deride or verbally abuse the referee can penalize and reflect poorly on my son(s)/daughter(s) team.

I will demand a drug, alcohol and tobacco-free sports environment for my son(s)/daughter(s) and agree to assist by refraining from their use at all Rochester Youth Rugby events.

I will remember that the game is for the players and not for the adults.

I will do my very best to make rugby fun for my son(s)/daughter(s).

I will instruct my son(s)/daughter(s) to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.

I will promise to help my son(s)/daughter(s) enjoy the rugby experience within my person(s)/daughter(s) al constraints by assisting the rugby club, being a respectful fan, providing transportation or whatever I am capable of doing.

I will require that my son(s)/daughter(s) coach be trained in the responsibilities of being a rugby coach.

Attention! Read the following before signing!
**ASSUMPTION OF RISK, ACKNOWLEDGMENT OF MEDICAL INSURANCE,
WAIVER AND RELEASE OF LIABILITY, AND RELEASE FOR USA RUGBY**

In consideration of me being allowed to participate in any rugby competition conducted under the auspices of USA Rugby, its member unions, clubs, organizations and individuals (the "Activity"), I agree that:

1. I understand the dangers that may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity and the conditions under which the Activity is conducted. I understand the nature of the Activity and acknowledge that I am qualified to participate in such Activity. I further acknowledge that I am aware that the Activity will be conducted in facilities open to the public during the Activity. I further agree and warrant that, if at any time, I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
2. I acknowledge that I have a medical insurance policy in my name that has a minimum of \$100,000 in medical coverage. Such insurance will be my primary source of payment should medical treatment be necessary as a result of my participation in the Activity.
3. I FULLY UNDERSTAND that: (a) the Activity involves risks and dangers of SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("Risks"); (b) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS AND DAMAGES incurred as a result of my participation in the Activity.
4. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE AND AGREE TO HOLD HARMLESS USA Rugby, its respective administrators, members, directors, agents, officers, volunteers and employees, local organizing committees, other participants, any sponsors, advertisers, if applicable, owners and lessors of premises on which the Activity takes place (each considered one of the "Releasees" herein) from all liability, claims, demands, losses, or damages on account caused or alleged to be caused in whole or in part by any act or omission of the "Releasees" in connection with the Activity or otherwise, including rescue operations, and further agree that if, despite this release, I or anyone on my behalf makes a claim against any of the Releasees named above, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEYS FEES, LOSS LIABILITY, DAMAGE OR COST ANY MAY INCUR AS THE RESULT OF SUCH CLAIM.
5. I agree to abide by all International Rugby Board, USA Rugby, territorial and local area union rules and regulations, including to be bound by the arbitration procedures therein, that I am aware of and understand, for any dispute regarding my right to participate in the Activity, as set forth in the Bylaws of USA Rugby, as they are amended on a periodic basis, which I understand are available on the USA Rugby web site (www.usarugby.org).
6. I affirm that I am not suspended or banned from play or participation by any club, local area union, territorial union, or national union.
7. I authorize USA Rugby to verify my citizenship status with the appropriate governmental agencies.
8. I am aware that USA Rugby has the right to revoke my CIPP enrollment, and therefore my eligibility to play, in the event of any violation of the aforementioned statements.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THAT THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

TERRITORIAL AND LOCAL AREA UNIONS

NORTHEAST

Met New York
New England
New York State

MID ATLANTIC

Eastern Penn
Potomac
Virginia

SOUTH

Deep South
Florida
Georgia
Mid-South
North Carolina
Palmetto

MIDWEST

Allegheny
Chicago
Illinois
Indiana
Iowa
Michigan
Minnesota
Ohio
Wisconsin

**General Members -
Independent**

At-large participants
Combined Services

WEST

Eastern Rockies
Great Plains
Heart of America
Missouri
Ozark
Rio Grande
Texas

**Associate Geographic
Members**

Alaska
Hawaii
Idaho
Montana

SO. CALIFORNIA

North
South

PACIFIC COAST

Inland Pacific
- Arizona
- Great Basin
Northern California
Pacific Northwest

ROCHESTER AARDVARKS U-19 RUGBY PROGRAM
PARTICIPATION CONSENT AND MEDICAL RELEASE

PLAYER'S NAME: _____ (the "Participant").

Participant, and his custodial parent(s) and/or legal guardian(s) (together referred to as the "Undersigned"), hereby consent to Participant's involvement with the Rochester Aardvarks U-19 Rugby Program and the Rochester Aardvarks Rugby Football Club (together referred to as the –"Team"). The Undersigned understand and agree that: participation includes, but is not limited to, practice sessions; games, meetings, functions, parties, fundraising, and the like, and transportation to and from these activities.

The Undersigned understand that there are no salaried coaches or administrators assisting the Team. All those who help are volunteers.

The Undersigned understand that there is not a medical physician or trainer at the Team's games or practice sessions.

MEDICAL RELEASE

The Undersigned give my consent for Rochester Aardvarks to provide athletic trainer services and other medical care and treatment, emergency medical services, and transportation associated with my participation in the program conducted at this program under the auspices of the Rochester Aardvarks.

If the program in which I am participating includes psychological, physiological, and/or biomechanical evaluations, I consent to those evaluations, which pose no unusual risk or hazards when customary safeguards are observed.

I swear that I am in good physical condition and I am not aware of any disease or injury that would result in my being injured during my participation in the sponsoring organization's program with Rochester Aardvarks

Printed Name of Participant

Signature of Participant

Date

FOR ATHLETES OF MINORITY AGE
(Under the Age of 18 at the Time of Registration)

This is to certify that I, as the parent/guardian of the participant, have explained to my son/daughter the aforementioned stipulated conditions and their ramifications, and I consent to his/her participation in the programs conducted under the auspices of the Rochester Aardvarks at this program.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date

ROCHESTER AARDVARKS U-19 RUGBY PROGRAM

PARTICIPANT BIOGRAPHY

Date: _____ Program Location: _____

PARTICIPANT'S BIOGRAPHICAL INFORMATION

Name _____
Last *First* *Middle*

Email _____

Street Address _____ Phone _____

City _____ State _____ Zip _____

Country _____ Social Security Number _____ - _____ - _____

Gender: M _____ F _____ Birth Date _____

US Citizen: Yes _____ No _____ If no, what Nationality? _____

CIPP: Yes _____ No _____ If yes, Enter CIPP Number? _____

Shirt Size: _____ S _____ M _____ L _____ XL _____ XXL _____ Other: _____

Short Size: _____ 28 _____ 30 _____ 32 _____ 36 _____ 38 _____ Other: _____

PARTICIPANT'S EMERGENCY CONTACT INFORMATION

Contact 1 Name _____ Relationship _____

Street Address _____ Phone(s) _____

City _____ State _____ Zip _____

Contact 2 Name _____ Relationship _____

Street Address _____ Phone(s) _____

City _____ State _____ Zip _____

PARTICIPANT'S TYPE AND SKILL LEVEL

Current School/Club Affiliation(s): _____

Position(s) Played: _____

Please check your guest type for this program.

_____ Athlete _____ Coach _____ Official _____ Administrator
_____ Staff _____ Trainer _____ Intern _____ Other: _____

Please check your current experience level (athletes).

Youth: _____ Experienced (5+ yrs) _____ Intermediate (3-5 yrs) _____ Beginner (1-2 yrs.)

High school: _____ Experienced (5+ yrs) _____ Intermediate (3-5 yrs) _____ Beginner (1-2 yrs.)

Collegiate: _____ Experienced (5+ yrs) _____ Intermediate (3-5 yrs) _____ Beginner (1-2 yrs.)

Years of total playing experience: _____



2003 Participant Enrollment Application 2003

USA Rugby Membership Services
749 South Lemay A3-221, Fort Collins, CO 80524
Fax: 970-484-7839
National Office: 719-637-1022 (Ext. 217 or 212)
Website: www.usarugby.org

ENROLLMENT INFORMATION - PLEASE PRINT LEGIBLY

Previously Registered with USA Rugby - CIPP # _____ New Participant for 2003

Last Name: _____ First: _____ MI: _____

Club Name (Full Official Name): _____ Club ID: _____

Division Affiliation: Men Women / Club Collegiate High School/Youth Military At-Large

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

E-mail address: _____@_____ (USA Rugby correspondence only - No solicitations.)

Date of Birth: ____/____/____ Age Now: _____ Gender: Male Female

Registration Status (Check all that apply): Player Administrator Coach Referee Other _____
If you selected Coach or Referee, please indicate your certification level: 1 2 3

Citizenship: Citizen Non-Citizen Permanent or Conditional Resident Alien 3-Year Resident Player

Military: No Yes-Active Yes-Reserve / Branch: Army Air Force Coast Guard Marines Navy

ENROLLMENT CLASSIFICATION AND ANNUAL FEES - CHECK ONE ONLY

Club - Affiliated with a senior men's or women's club or referee society \$25.00 \$ _____

At-Large - independent player, coach, referee, or administrator \$25.00 \$ _____

Collegiate - Affiliated with a collegiate men's or women's team \$20.00 \$ _____

High School/Youth - Affiliated with a high school or youth team \$10.00 \$ _____

Sustaining Member (Does not actively participate in rugby, but wishes to be a member of USA Rugby.) \$10.00 \$ _____

Half-Year dues for first-time enrollee (any above affiliation) * \$10.00 \$ _____

* ONLY available after July 1, 2003 and if never previously enrolled in the CIPP Program 1993-2002.

Lifetime Member - "Silver Eagle" \$500.00 \$ _____

Lifetime Member - "Gold Eagle" \$1000.00 \$ _____

ADDITIONAL FEES AS APPLICABLE - Check all that apply - add to the enrollment fee above

Referee and Laws Committee dues (Required of all active referees.) \$25.00 \$ _____

Combined Services / Military dues (Required of all active/reserve military personnel.) \$ 5.00 \$ _____

Donation (Thank You!) \$ _____

TOTAL INDIVIDUAL ENROLLMENT FEES: \$ _____

METHOD OF PAYMENT

Check Check Number # _____ Club Check Personal Check

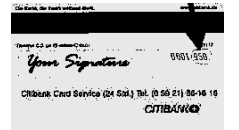
Visa MasterCard V-Code _____ (last 3 digits on back of credit card on signature tape)

Name as it appears on credit card: _____

Zip code of billing address for card holder: _____ - _____

Credit Card Number: _____ Expires ____/____

Please write number clearly



SIGNATURE - Your application will not be processed without a signature.

I hereby affirm that the above information is true and correct, and that I have read and agree to the terms of the waiver on back of this form.

Signature: _____ Date: _____

Parent/Guardian Signature if under 18 yrs: _____ Date: _____

Send signed original to USA Rugby / Retain a photocopy for your records

ROCHESTER AARDVARKS U-19 RUGBY PROGRAM
PARENT'S CODE OF CONDUCT

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I will remember that the game is for the players and not for the adults.

I will do my very best to make rugby fun for my son(s)/daughter(s).

I will instruct my son(s)/daughter(s) to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.

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Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date

PROGRAM COPY

ROCHESTER AARDVARKS U-19 RUGBY PROGRAM

PLAYER'S CODE OF CONDUCT

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I will remember that playing rugby is an opportunity to learn, develop and have fun.

Printed Name of Participant

Signature of Participant

Date

PROGRAM COPY

ROCHESTER AARDVARKS U-19 RUGBY PROGRAM

MEDICAL HISTORY QUESTIONNAIRE

NAME:	SEX:
DATE OF BIRTH:	PHONE NUMBER:
EMERGENCY CONTACT:	PHONE NUMBER (emergency):
INSURANCE COMPANY:	POLICY NUMBER:
PHYSICIANS NAME:	PHONE NUMBER (physician):

Please circle **yes** or **no** and provide additional details as requested on *both* pages of the form. All information is confidential.

- NO YES Are you allergic to any medications? (Aspirin, penicillin, sulfa, etc.) Please list: _____
- NO YES Are you allergic to any foods? Please list: _____
- NO YES Are you allergic to bee bites/stings? Please list: _____
- NO YES Are you allergic to any trees, plants, or animals? Please list: _____
- NO YES Do you regularly take any over the counter and/or prescription medication? (steroids, birth control pills, anti-inflammatories, antibiotics, topical medications, sprays/inhalers, etc.) Please list and provide reasons: _____
- NO YES Do you regularly take vitamins, minerals, herbs, or other supplements? Please list: _____
- NO YES Have you ever been told that you have (had) asthma or exercise induced asthma?
List Medications: _____
- NO YES Have you ever had a seizure? Date of last seizure: _____
- NO YES Have you ever been told that you have Epilepsy? List medications: _____
- NO YES Are you presently being treated for diabetes or high blood pressure? List medications: _____
- NO YES Have you ever been told that you are anemic? List dates: _____
- NO YES Have you ever been told that you have sickle cell anemia? _____
- NO YES Have you ever been told that you have sickle cell trait? _____
- NO YES Do you have or have you ever had heart disease? (murmur, rheumatic fever, stenosis, etc.)
List Medications: _____
- NO YES Do you have or have you ever had lung disease? (pneumonia, tuberculosis, etc.)
List Medications: _____
- NO YES Do you have or have you ever had kidney disease? (infections, kidney stones, blood in urine, etc)
List conditions and dates: _____
- NO YES Do you have or have you ever had liver disease? (mononucleosis, hepatitis, etc.)
List conditions and dates: _____
- NO YES Do you have or have you ever had stomach disease? (ulcers, bleeding, etc.)
List conditions and dates: _____
- NO YES Do you have or have you ever had frequent headaches? (migraines, tension headaches)
List conditions and dates: _____
- NO YES Do you have or have you ever had a hernia or rupture? List dates if repaired: _____
- NO YES Have you ever been knocked out or had a concussion or other closed head injury?
List dates: _____
- NO YES Have you ever stayed overnight in a hospital due to a concussion or closed head injury?
List dates: _____
- NO YES Have you ever injured the bones, ligaments, nerves, or discs of your neck that disabled you for a week or longer? List injury/dates: _____
- NO YES Have you ever injured the bones, ligaments, nerves, or discs of your upper back that disabled you for a week or longer? List injury/dates: _____
- NO YES Have you ever injured the bones, ligaments, nerves, or discs of your low back that disabled you for a week or longer? List injury/dates: _____
- NO YES Have you ever had a broken bone or fracture? R or L List bones/dates: _____

- NO YES Have you ever had a shoulder injury that disabled you for a week or longer?(dislocation, separation, etc.) R or L List injury/dates: _____
- NO YES Have you ever had shoulder surgery? R or L What was done and why? _____
List injury/dates: _____
- NO YES Have you ever had an elbow injury that disabled you for a week or longer? (dislocation, sprain, etc.) R or L List injury/dates: _____
- NO YES Have you ever had a wrist or hand injury that disabled you for a week or longer?(dislocation, sprain, etc.) R or L List injury/dates: _____
- NO YES Have you ever had wrist or hand surgery? R or L What was done and why? _____
List injury/dates: _____
- NO YES Have you ever been told that your injured the patellar tendon, or front part of your knee? R or L
List injury/dates: _____
- NO YES Have you ever been told that you injured the cartilage/meniscus in your knee? R or L
List injury/dates: _____
- NO YES Have you ever been told that you injured the ligaments in your knee? R or L
List injury/dates: _____
- NO YES Have you ever had knee surgery? R or L What was done and why? _____
List injury/dates: _____
- NO YES Have you ever had an ankle injury that disabled you for a week or longer? (dislocation, sprain, separation, etc.) R or L List injury/dates: _____
- NO YES Have you ever had ankle surgery? R or L What was done and why? _____
List injury/dates: _____
- NO YES Do you presently have a rod, pin, screw, or plate anywhere in your body? Where: _____
List injury/dates: _____
- NO YES Do you wear contact lenses while participating in your sport? _____
- NO YES Do you wear any removable dental appliances? (circle those that apply)
REMOVABLE RETAINER REMOVABLE BRIDGE REMOVABLE PLATE
- NO YES Are you missing one of a set of paired organs? (kidneys, eyes, testicles)
List: _____
- NO YES Do you have any other conditions you wish to make us aware? Please specify and give details: _____

PLEASE GIVE THE DATES OF YOUR LAST IMMUNIZATIONS FOR:

Diphtheria _____ Tetanus _____ Measles _____ Influenza _____ Polio _____
Rubella _____ Hepatitis A _____ Hepatitis B _____ Mumps _____

FEMALE ATHLETES ONLY

- NO YES Are you pregnant, or do you suspect that you may be pregnant? (If the answer is "YES", this Does not necessarily preclude sport participation, however, you must present clearance from a Physician stating that sport participation will not be detrimental to the pregnancy.)

DISABLED ATHLETES ONLY

- NO YES Please indicate your disability and how it occurred. What and when: _____

THE ABOVE QUESTIONS HAVE BEEN ANSWERED COMPLETELY AND TRUTHFULLY TO THE BEST OF MY KNOWLEDGE.

Signature _____

Date _____