



PAC Youth Rugby

THE POTOMAC ATHLETIC CLUB

www.PACYouthRugby.com



- Silver Spring MD
- Bailey's Crossroads VA

2010 PLAYER REGISTRATION

1.) PLAYER INFORMATION

Name:

Address1:

Address2:

City:

State:

Zip:

Gender:

Birth Date (mm/dd/yyyy):

2.) PARENT/GUARDIAN INFORMATION

Contact #1 Name:

Address1:

Address2:

City:

State:

Zip:

Phone (h):

Phone (w):

Phone (cell):

Relationship: Mother / Father / Guardian

Contact #2 Name:

Phone (h):

Phone (w):

Phone (cell):

Relationship: Mother / Father / Guardian

3.) EMERGENCY CONTACT INFORMATION

Emergency Contact Name:

Address1:

Address2:

City:

State:

Zip:

Phone (h):

Phone (w):

Phone (cell):

Relationship:

4.) COMMUNICATION INFORMATION

Please provide a primary e-mail address of an adult who will check for messages regularly during the season. The size of our organization may prevent us from relying exclusively on phone or mail for necessary communications. Important notices are sent during the season, so please use an email address that is checked daily.

Primary Email:

No Email:

Secondary Email:

5.) MEDICAL INFORMATION (for use in the event of a medical issue)

1.) If the participant has any ongoing medical problems the coaches should be aware of please indicate below:

2.) If the participant is current taking any type of medication the coaches should be aware of please indicate type of medication, amount and frequency:

3.) Please indicate any allergies (food, medications, etc.) the participant may have:

3.) FEES & MAILING INFORMATION

a) 2010 Under-9 thru Under-15 Player Registration (\$55.00 per player)	\$	55.00
Number of Players Registered (must submit a signed form for each player)	X	_____
TOTAL U9 thru U15 Player Registration Fees		\$ _____
2010 Under-7 Player (Silver Spring Only) Registration (\$35.00 per player)	\$	35.00
<small>(The player must be at least 5 and under 7 as of 1-June)</small>		
Number of Players Registered (must submit a signed form for each player)	X	_____
TOTAL U7 Player Registration Fees		\$ _____
<u>TOTAL PLAYER REGISTRATION FEES</u>		\$ _____
b) Optional Ball Purchase	\$	20.00
Number of Balls	X	_____
TOTAL Ball Fees		\$ _____
c) <u>TOTAL AMOUNT ENCLOSED (U.S Dollars)</u>		\$ _____
<i>(Please make checks payable to "Potomac Athletic Club")</i>		
d) Mail completed registration and payment to:	Potomac Athletic Club Youth Rugby	
	Attn: Thomas Lyons	
	1810 Alcan Drive	
	Silver Spring MD 20902	

4.) SIGNATURE NEEDED

As parent/guardian, I understand that there is a risk of injury to my child as the result of participation in Potomac Athletic Club ("PAC") activities. If a medical emergency arises while on the way to, returning from, or during any practice, game, or event in which the team participates and I cannot be contacted, I hereby authorize the coach accompanying the PAC team to seek immediate medical treatment for my child, _____.

I further waive any claims that may arise and release and hold harmless the Potomac Athletic Club, its administrators, board members, coaches and other representatives from liability for any claim, including personal injury, arising out of or in any way connected with my child's participation in Potomac Athletic Club activities.

Signature: _____ Date: _____

Name: _____