

**Panther City Youth Rugby Club**  
**COMMUNITY PROGRAM REGISTRATION**



|   |               |  |  |
|---|---------------|--|--|
| Program Name  | Group         | \$ Fee Due   | ( ) Cash ( ) Ck# _____<br>Payment Method |
| <b>Qualifying Discount:</b> ( ) Group of 10 / <b>member of:</b> ( ) TCYFA ( ) FWAS Program ( ) Boys & Girls Club ( ) YMCA ( ) CFWCC |               |  |  |
| Player's Full Legal Name (please print)   | Date of Birth | Age  | ( ) Male ( ) Female<br>Sex               |
| School  | Grade Level   | Child or Adult – XS SM MD LG XL 2X 3X<br>T-Shirt Size (Circle) |  |
| Name of Custodial Parent / Legal Guardian   | Relationship  | Cell / Mobile Phone  |  |
| Residential Street Address  | Apt #         | Alternate / Emergency Contact Name                             | Relationship                             |
| Residential City  | ZIP Code      | Alternate / Emergency Contact Phone                            |  |

In consideration of my child being permitted to participate in any way in a Panther City Youth Rugby camp or clinic ("PCR Activity"), I acknowledge and agree to the following.

**Acknowledgement & Assumption of Risk**

1. I (and my child) understand the nature and dangers of Rugby activities and believe that my child is qualified to participate in a Panther City Youth Rugby (herein after "PCR") Activity. I further agree/warrant that if at any time I believe conditions to be unsafe, my child will immediately cease further participation in the PCR Activity.
2. I (and my child) fully understand that: a) Rugby, like all sports, involve risks and dangers of **SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH** ("Risks"); b) these Risks and dangers may be caused by my or my child's own actions, or inactions, the actions or inactions of others participating in a PCR Activity, the condition in which a PCR Activity takes place, or the negligence of the "Releasees" named below; c) 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 AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR THE LOSSES, COSTS, AND DAMAGES incurred as a result of my child's participation in a PCR Activity.

**Parental Consent, Release & Indemnification**

1. I, the minor's custodial parent and/or legal guardian, understand the nature of the above referenced and am fully aware of the minor's athletic experience and physical capabilities and believe the minor to be qualified to participate in competitions and related activities organized by Panther City Youth Rugby Club.
2. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS PANTHER CITY YOUTH RUGBY, ITS SPONSORS, AND ANY ORGANIZATION IT MAY BE AFFILIATED WITH, INCLUDING THE CITY OF FORT FORTH, TEXAS, along with their respective administrators, directors, agents, officers, volunteers, and employees, as well as other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which any PCR Activity takes place (each considered one of the "Releasees" herein) from all liability, claims, demands, losses, or damages on my or my child's account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations and further agree that if, despite this release, I or anyone on my child's behalf make a claim against any of the Releasees named herein, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE OR COSTS ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

**Agreement to PCR Rules / Policies**

1. I and my child agree to abide by all rules and regulations implemented by the PCR Activity and facility officials whether stated in advance and/or at the time of the PCR Activity. I understand that failure to follow stated rules / regulations may restrict my child's participation in PCR Activities including removal from such activities. General rules and policies are posted on the PCR website, [www.panthercityrugby.com](http://www.panthercityrugby.com).
2. I understand that PCR does not pro-rate or refund fees for late registration, cancellations due to weather, time-loss due to injury/illness, or disciplinary removal from Activities.

**Consent to Attain Medical Care & Medical Insurance Agreement**

1. I, the above named child's custodial parent or legal guardian, give my consent to Panther City Youth Rugby Club (dba Panther City Rugby), its agents and any medical service providers contracted by them to provide and/or obtain medical care from an appropriately licensed healthcare provider, hospital, or clinic for my child, for any injury or illness that arises during his/her participation in Activities. I understand that I am financially liable for all costs related to the provision of care for the above named child.
2. I acknowledge that I AM (MY CHILD IS) COVERED BY MEDICAL INSURANCE THAT HAS **A MINIMUM OF \$100,000 IN MEDICAL COVERAGE**, with no restrictions for accidents while participating in sports and related activities. I understand such insurance will be my (my child's) primary source of payment should medical treatment be necessary as a result of my (my child's) participation in any PCR Activity.

|                   |               |                       |
|-------------------|---------------|-----------------------|
| Insurance Company | Policy Number | Name of Policy Holder |
|-------------------|---------------|-----------------------|

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

|  |      |
|--|------|
| Signature of Custodial Parent / Legal Guardian Named Above | Date |
|--|------|

\_\_\_\_\_  
 Signature of Player, if over the age of 14