



Panther City Rugby / Panther City Youth Rugby Club
www.panthercityrugby.com / www.panthercityyouthrugby.com
PO Box 470066, Fort Worth, Texas 76147

Dear Athlete / Parent,

Thank you for your interest in Panther City Rugby. We look forward to having you as part of our organization.

To expedite the registration process we ask that you review and complete the entire registration packet. The completion of these forms will significantly assist us in providing a quality program for you / your athlete.

Please deliver the the completed packet along with your registration fee(s) to a Panther City Rugby Coach or mail the packet and check to the following address:

Panther City Rugby
Attn: Registration
PO Box 470066
Fort Worth, Texas 76147

Your registration will be considered complete when the entire registration packet is received. An email will be sent to you confirming your registration along with any additional information needed to get you started.

Should you have any questions, please feel free to contact me.

Cheers,

Alex McCulloch, President
Panther City Rugby
Panther City Youth Rugby Club
president@panthercityrugby.com
817.896.2063

MAJOR OPERATIONAL SPONSORS





Athlete Information (2012-2013 CY)
Please Print Clearly

ATHLETE INFORMATION

Participant's Legal Name: _____
First Name Middle Name Last/Sur Name

Date of Birth (mm/dd/yyyy): _____ / _____ / _____ Gender: () Male () Female

Mailing Address: _____

City: _____ State: TEXAS Zip: 76_____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email address: _____ (REQUIRED)

School _____ Grade _____

Rugby Experience () New () Returning – CIPP # _____

UNIFORM INFORMATION

T-shirt Size (circle): Youth Sm Md Adult Sm Md Lg XL 2XL 3XL

Jersey: Chest Circumference _____ inches Socks: Shoe Size _____

Shorts: Waist Circumference _____ inches (& Girls Hip Circumference _____ inches)

Warm-Ups: Pant Inseam _____ inches & Sleeve Length _____ inches

COMPLETED BY CLUB OFFICIAL

Age Group () Mini () U9 () U11 () U13 () U15 () U17 () U19 () U23 () Adult

Gender () Coed () Boys () Girls **Program** () Metro () Select

Season () Autumn () Winter/Spring () Summer

Team Name _____

Fees Owed \$ _____

This Form Must Be Completed Each Season, Unless Paying For The Entire Year.



GENERAL TERMS OF AGREEMENT

PANTHER CITY RUGBY CLUB WILL:

1. Provide quality training and competitive opportunities.
2. Develop and assess the skills and qualifications of each coach.
3. Ensure athletic training and/or related sports medicine services are available during activities deemed appropriate by the Club.
4. Offer athletes and parents the opportunity to enroll in an accidental health / secondary insurance through a policy secured by the Club.

PANTHER CITY RUGBY COACHES WILL:

1. Foster and develop athletic skills, player character and a sport culture necessary for individual, team, and club success in the sport of Rugby Union and life.
2. Be responsible for training sessions and competitive activities.
3. Be on-time for all club activities.
4. Positively communicate with players on individual and team progress and areas for improvement.
5. Communicate team goals and progress with team parents on a periodic basis.
6. Assist the Club and designated team manager (parent) coordinate and implement support functions (i.e. travel, laundry, meals, etc.).

PANTHER CITY RUGBY ATHLETE WILL:

1. Treat all rugby officials, players, spectators, and facilities with respect.
2. Exhibit good sportsmanship to all Club athletes and opponents.
3. Follow all Club home and away travel rules.
4. Attend all scheduled Club and Team activities.
 - Absences due to illness, family functions, or school activities shall be communicated to the team's coach ahead of time to be considered excusable. Arrangements must be made with the coach to make-up missed activities.
5. Report to training sessions on time, dressed in approved training gear, and with sufficient water for hydration.
6. Report to competitions at least 60 minutes before match time, or earlier if so directed by the team's coach, with necessary match-gear and related items.
7. Be attentive, cooperative, and demonstrate a full effort in all meetings, training sessions, and competitions.
8. Follow all rules of the game as set by USA Rugby, Rugby Texas and/or Panther City Rugby.
9. Follow all medical guidelines established by Panther City Rugby and/or communicated by medical personnel.
10. Refrain from use of alcohol, tobacco, or drugs.
11. Refrain from the use of profanity.
12. Refrain from fighting and any other physical behavior that is abusive.
13. Communicate with their team coach directly about any questions or concerns.

PANTHER CITY RUGBY PARENT / GUARDIAN WILL:

1. Assist their athlete in demonstrating good sportsmanship and abiding by the above rules.
2. Support their athlete and team in a positive manner.
3. Entrust athlete development and participation to the Coach.
4. Not interfere with Club or competitive activities.
5. Not enter the competitive field when an athlete is injured until requested to do so by a Club Official.
6. Maintain medical insurance that covers sports-related injuries with at least \$100,000 in coverage. Such insurance will be the primary source of payment for medical services incurred as a result of participation in rugby activities.
7. Seek medical clearance from a medical physician (MD or DO) should an injury be considered significant enough to withhold the athlete from further participation.



DISCIPLINARY ACTION

1. If deemed necessary, Panther City Rugby will hold a disciplinary hearing with a committee selected by the Club to determine if any of the above parties were in violation of the General Agreement. If the party is found in violation, suspensions or other disciplinary action will incur without refund or release of financial obligations.
2. If during an away event, and in the opinion of the Panther City Rugby, the athlete's misconduct requires him/her to immediately return home to allow the team to continue activities he/she will be sent home at the expense of the parent/guardian by the most immediate and convenient means available to the coach or other club official.
3. All illegal activities or gross misconduct will be handled through the available public safety officers.

FINANCIAL TERMS OF AGREEMENT

PAYMENT TERMS

- The USA Rugby fees must be paid before any athlete will be allowed to participate in contact training activities.
- Seasonal participation fee(s) must be paid in full, or a signed financial assistance agreement on file, by the second week of participation each season. *Fees will not be pro-rated* for late registration / participation.
- Returned checks will result in a \$45 FEE, and all remaining payments must be in cashier's check or money order.
- If a payment is missed or late, the athlete will not be allowed to compete (and possibly practice) until the necessary funds are paid up.
- Failure to pay the total amount due may result in violation of NCAA, UIL and USA Rugby rules as follows:
 1. NCAA violation of amateur athletic rules rendering the athlete ineligible to compete in college athletics.
 2. UIL violation of amateur athletic rules rendering the athlete ineligible to compete in high school athletics.
 3. USARU violation of Union rules rendering the athletic unable to play in USA Rugby competitions until debt is paid.
- If the athlete quits or otherwise withdraws from Panther City Rugby the decision will be **final for that season**.
 - ***Further, the parent remains obligated to make payment on any remaining balance(s) due.***
- **At no time will money be refunded.**

NOTICE OF ADDITIONAL EXPENSES

- Athletes/Teams may incur expenses in addition to regular/posted participation fees for items/events such as unique or expanded team wear, tournaments, post-season playoffs/championship, special camps/clinics, social events (banquets, parties, etc.) and the like.
- Athletes/Teams may incur expenses related to travel to and from above mention activities as well as away schedules competitions.
- For travel outside the DFW Area, athletes will be required share the cost of vehicle rental and overnight lodging secured by the Club. Any airfare, meals/food, and other expenses will be paid directly by the athlete/parent.
- ❖ The amount of these additional expenses will vary by team and activity. If a team elects to participate in additional activities, all team members are expected to contribute equally to the expenses related to such additional activities even if an athlete is unable to participate.

FINANCIAL ASSISTANCE

- Payment plans, fund-raising activities, and work-exchange options are available. Contact a club officer or your team coach for information.
- All monies must be paid or balanced out prior to the end of each season or a 20% finance charge will be added to the total amount due.



ACKNOWLEDGEMENT OF TERMS

I / We have read and understand the “GENERAL TERMS OF AGREEMENT” and the “FINANCIAL TERMS OF AGREEMENT” written above and agree to the conditions stated therein.

I / We acknowledge and accept that the agreements herein are valid for the entire competitive year which begins August 1st and ends 12 months after.

I understand that additional forms must be completed and accompany this document as part of the registration process before I / my child will be permitted to participate in Panther City Rugby activities.

Participant’s Printed Name _____ Date of Birth _____

Participant’s Signature: _____ Date: _____

Parent’s Signature: _____ Date: _____

Parent’s Printed Name: _____ () Custodial-Parent
() Legal-Guardian

Billing Address: _____

Primary Phone _____ Alternate Phone _____

THE ATTACHED DOCUMENTS ARE REQUIRED TO BE COMPLETED & ACCOMPANY THIS CONTRACT:

1. Birth Certificate;
2. Health Insurance Card;
3. PCR Assumption of Risk & Release of Liability;
4. PCR Consent to Provide & Obtain Medical Care;
5. PCR Medical Questionnaire;
6. PCR Publicity Waiver;
7. USA Rugby Participation Agreement & Waiver & Release of Liability;



CONSENT TO PROVIDE AND OBTAIN MEDICAL CARE

_____ Sex M F
Player's Full Name (please print) Date of Birth Age

This is to certify that, I, the above named child's parent or guardian, give my consent to Panther City Youth Rugby Club (dba Panther City Rugby), its coaches and any medical service providers retained by them to provide and/or obtain medical care from an appropriately licensed healthcare provider, hospital, or clinic for the above named participant, for any injury or illness that arises during his/her participation in Rugby and Club activities.

I understand that I am financially liable for all costs related to the provision of care for the above named child.

I certify that this form shall be in effect for twelve (12) months from the date of signature,

Signature _____ Date _____
Custodial Parent / Legal Guardian

Printed Name _____ Relation to Child _____
Custodial Parent / Legal Guardian

Home / Billing Address _____

Emergency Phone Number _____ () Hm () Wk () Cell () Other _____

Emergency Phone Number _____ () Hm () Wk () Cell () Other _____

The above mentioned child is covered under the following insurance plan / carrier.

Insurance Company: _____

Company Address: _____

Policy Number: _____

Name of Primary Policy Holder: _____

Name of Athlete's Primary Physician _____

Primary Physician's Phone _____

- **A copy of the primary insurance card must accompany this document**
- **A new form must be completed, if there is a change to the child's health insurance**



MEDICAL QUESTIONNAIRE

Sex M F

Player's Full Name (please print) _____

Date of Birth _____

Age _____

Please complete the following to help ensure appropriate care can be provided should an injury or illness occur during a PYCRC activity.

Medical History

Circle One

Have you had a recent tetanus booster No Yes When _____

Are you taking any prescription medication for a chronic condition No Yes

If yes, please list the medications and what they are for on a separate sheet and attach to this document.

Medical Conditions – Within the last 12 months, have you had any of the following?

Recurrent Fainting / Dizzy Spells No Yes Explain _____

Convulsions / Epilepsy No Yes Explain _____

Asthma No Yes Explain _____

Recurrent High Blood Pressure No Yes Explain _____

Kidney Problems No Yes Explain _____

Hernia No Yes Explain _____

Diabetes No Yes Explain _____

Heart Murmur No Yes Explain _____

Allergies No Yes Explain _____

Impaired Vision No Yes Explain _____

Impaired Hearing No Yes Explain _____

Other Condition No Yes Explain _____

Significant Injuries – Within the last 12 months, have you had any of the following requiring a restriction in physical activities?

Head Injury (concussion, fracture) No Yes Explain _____

Neck or Spine Injury No Yes Explain _____

Shoulder / Arm Injury No Yes Explain _____

Hip / Knee Injury No Yes Explain _____

Ankle / Foot Injury No Yes Explain _____

Finger / Hand Injury No Yes Explain _____

Other Injury No Yes Explain _____

Has your physical activity ever been restricted by a healthcare provider? No Yes

If yes, please explain _____

I understand that if the answer to any of the above questions is (was) yes, I should consult with my child's physician before allowing my child to participate in a full contact sport such as Rugby. I further understand that I may need to meet with the Club's athletic trainer or advising physician to discuss this questionnaire before my child is allowed to fully participate in all physical training and/or competitive activities.

Signature _____ Date _____

Custodial Parent / Legal Guardian

Printed Name _____ Relation to Child _____

Custodial Parent / Legal Guardian



PUBLICITY WAIVER

Release of Liability for Publicity Information (all age divisions)

We, the undersigned, recognize and accept that on occasion images of me/my child, still or moving, my/my child's name and other general personal profile data, may be used with respect to club activities through the printed, audio, video, or other electronic media, including the internet. I (we) give our permission for use of such pictures and/or data and release Panther City Youth Rugby Club, its Directors, Coordinators, Operators, Coaches, Sponsors and/or any other individual associated with Panther City Youth Rugby Club, from any liability resulting from the distribution of this information. I (we) waive all claims, both current and future, for compensation for such use and distribution.

Participant's Printed Name _____ Date of Birth _____

Participant's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Parent's Printed Name: _____ Custodial-Parent
 Legal-Guardian