



Elk Grove United Rugby Football Club

2016 / 2017 Registration Consent/Signature Form

Participant Name: _____

Team: _____

2016 / 2017 PARENT / GUARDIAN • PERMISSION/WAIVER

Parent Signature _____

Date _____

Parent Signature _____

Date _____

2016 / 2017 Player Code of Conduct

Player Signature _____

Date _____

Parent Signature 1 _____

Date _____

Parent Signature 2 _____

Date _____

2016 / 2017 Parent Code of Conduct

Parent Signature 1 _____

Date _____

Parent Signature 2 _____

Date _____

2016 / 2017 Voluntary Activity and Medical Authorization for Minor Athletes

Parent Signature 1 _____

Date _____

Parent Signature 2 _____

Date _____

Parent(s) of Registered Player

Parent 1 Print Full Name _____

Parent 2 Print Full Name _____