

REQUIRED REGISTRATION & RELEASE FORMS FROSTBITE RUGBY TOURNAMENT

Please complete the Hempfield Quad, Stadium and Campuses Team release form attached and include all players and appropriate signatures. Use additional forms if you have more than 18 players.

Please also bring your current players' medical release forms, or use the one attached. These must be shown at registration but should be kept with the coach during the event.

Please review these requirements for team registration:

Registration will be held on Saturday, March 2, and Sunday, March 3, from 7:30-9:00am, or at least one hour before your 1st game, at the tournament headquarters located in the Landisville Middle School Cafeteria, 340 Mumma Dr, Landisville, PA 17538

Each team must be registered with a regional rugby association affiliated with USA Rugby (USAR), National Collegiate Rugby (NCR) or American Collegiate Rugby Association (ACRA) and present the following documents at registration one hour prior to their first game:

- A copy of the team's roster must be turned in at registration
- Each rostered player and coach must be registered with USA Rugby (USAR), National Collegiate Rugby (NCR) or American Collegiate Rugby Association (ACRA) prior to the start of the tournament. Any team fielding an ineligible player will be disqualified and automatically forfeit their tournament fee.
- **Medical and team forms/release documents** for each player must be shown at registration and coaches must have these in their possession during the games. You may use the form provided on page 3 if you do not have one available. Please complete **in advance** of the event.
- **Please note:** a player may compete for only one team in the tournament
- All teams are responsible for their own insurance
- In case of accident or injury while traveling to or from and during the tournament, PA Classics AC, Knightmare RFC, Lancaster Roses AC, Hempfield School District, and their Executive Boards, or any teams participating in the tournament, will not be held liable.
- All teams must provide **team release forms** at registration and have them in their possession at the tournament site during matches (see attached form on page 2)
- Please review and print tournament rules to bring with you. They can be found on our website rules link.

Frostbite Medical Release

Name: _____ College: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Insurance Company: _____

Policy Number: _____ Group Number: _____

In case of emergency please contact:

Name: _____

Phone: _____ Relationship: _____

Coach: _____ Assistant Coach: _____

Primary Care Provider:

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Known

Allergies: _____

Known

Disabilities: _____

Other Important Medical

Information: _____

Signature of

Player: _____ Date: _____

Signature of Coach

if not of legal age: _____ Date: _____