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.

Hempfield Quad, Stadium and Campuses Team Form – Please complete this form in its entirety and submit prior to 1St game

Please circle one: Soccer Rugby Other				
Team name:	Age Group or Level:		Dates of Attendance:	
Scheduling contact:	Home Ph:	Cell or Work Ph:	Email:	

ASSUMPTION AND RELEASE OF LIABILITY. Turf and contact sports are inherently dangerous. The undersigned, on behalf of the undersigned and the undersigned's player (collectively "Participant") hereby: (1) assume the risk of personal injury, property damage, or other loss (collectively "Injuries") to the Participant arising from or related to activities at the Hempfield Quad and Stadium or on any Hempfield School District campus or athletic field; (2) release PA Classics AC (PAC), Hempfield School District (HSD) and their agents, employees, staff members, officers, directors and members from all liability, claims, or responsibility for Injuries to Participant; (3) grant permission for Participant to participate in activities at the Hempfield Quad and Stadium and any Hempfield School District campus or athletic fields 4) release PAC and HSD from Injuries arising from any good faith acts or omissions in emergency situations. Games, clinics, academies, camps and other events that are cancelled due to inclement weather or for other reasons beyond the control of PAC and HSD shall not be rescheduled and there shall be no refund or pro-rated refund of any fees.

I agree that you may photograph and/or videotape me or my child during sports activities and that you retain the right to use these visual images in future literature for PA Classics AC and Hempfield SD without compensation to my child or me. I further agree that you may use my name, my child's name, or any testimonials made by us without limitation in advertising and promoting facilities and PAC and HSD.

I represent that I am over the age of 18 or a parent/guardian of the minor named below, and agree that the grant and release contained therein binds me and the minor of all of its terms. By signing players and teams agree to be governed by the rules and policies of PAC and HSD.

	Shirt #	Player Name	Address	City	Zip	Phone	Email Address	Birt h	Signature (must be parent or guardian if under 18)
1									
2									
3									
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18									

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:	Relatior	nship:	_		
C	A : - t t - C	.i			
Coach:	_Assistant Coac	:n:	-		
Primary Care Provider:					
Name:	Phone:_		_		
Address:					
City:	State:	Zip Code:			
Known					
Allergies:			_		
Known					
Disabilities:			_		
Other Important Medical					
Information:			_		
Signature of					
_		Date:			
Player:		Datc	_		
Signature of Coach					
if not of legal age:		Date:			

Last update: 02/25/2023