SASKATCHEWAN HIGH SCHOOL RUGBY PROGRAM FORM

SASK
RUGBY

Year:____ Season

			Membership and/or Participation Agreement for Saskatchewan Rugby
Date of Birth (D,M	I,Y)	Gender (M or F)	Programs I. Conduct: I/My participating child
Surname		Initial	hereby agree to abide by and support the current Saskatchewan High School Rugby Program rules of play and personal conduct
First Name Mailing Address			II. Use of Image: I hereby grant Saskatchewan Rugby Union to use at their sole discretion any information and/or photographs of or about myself for publicity, advertising
Walling Address			or other promotion. I understand that this may include written, pictorial, or video material
City/Town		Province	III. Liability Waiver: i) I agree as a precondition of my participation in the sport of
Postal Code	() Telephone	() Mobile	rugby as organized by the "Clubs" and/or their member clubs and in further consideration of their inviting me and/or registering me to do
E-mail			so, to be strictly bound by the terms of this waiver ii) I acknowledge that participation in the sport of
Parent's E-mail			rugby as conducted in accordance with its laws and
☐ Visible Minori *The following inform		Aboriginal nation is important for Sask Sport purposes and s.	regulations may involve inherent risk that can cause serious injury to its participants, particularly to its players iii) I fully understand the risks and
Are you interested in	n Provincial Team rugby activ	ities?	dangers associated with my participation in the sport of rugby as conducted in
	REGISTRATION	INFORMATION	accordance with its laws and regulations and do accept the same entirely at my own risk
Club/Team			
Representative High School			Note: I have read and understand this agreement. I accept that by registering with the Saskatchewan High School Rugby Program and
Sub Union			signing this document in the space provided below, that I understand this document is also considered a liability waiver and not a waiver under my excess medical insurance
Provincial Union			under my excess medical insurance
I, the undersigned of privileges incident to jurisdictional bodies Executive which maregulations, and detective. I am awathe offices of Saska	ertify that the information thereto and by signing this (Member Clubs, Sub Union) be restrictive in some arcisions of all recognized jure that these rules and regatchewan Rugby Union. I all	ns and Societies) within Saskatchewan Rugle eas such as movement from team to team, co risdictional bodies within Saskatchewan Rug rulations are available to me by contacting th	ne granting of this certificate to me with the s, regulations and decisions of all recognized
Date	_	Signature	
Parent/Guardian Name (Please Print)		Parent/Guardian Signature	

