



## 2020 Mooredale SC Flag Rugby

May 1 — June 26

Registration Fees:  
Regular Fee \$240

### Parent / Guardian Information

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Home phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

I would like to volunteer as a coach

Please contact me regarding sponsorship

### Player 1 Information

Name: \_\_\_\_\_

Gender: Male  Female

Date of Birth (dd/mm/yyyy): \_\_\_\_\_

Height: \_\_\_\_\_

Experience: New to sport  # years: \_\_\_\_\_

Skill Level: Low  Medium  High

Division: U12 (2008/2009/2010)

U14 (2005/2006/2007)

### Player 2 Information

Name: \_\_\_\_\_

Gender: Male  Female

Date of Birth (dd/mm/yyyy): \_\_\_\_\_

Height: \_\_\_\_\_

Experience: New to sport  # years: \_\_\_\_\_

Skill Level: Low  Medium  High

Division: U12 (2008/2009/2010)

U14 (2005/2006/2007)

### Payment Information

Amount: \_\_\_\_\_ Method:  Cash  Cheque  Debit  Mastercard  Visa

Credit Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ exp: \_\_\_\_/\_\_\_\_ CVV (back of card): \_\_\_\_\_

Name on card: \_\_\_\_\_

Please renew my family membership at Mooredale and add the cost of that membership (\$125) to my fee.

### Staff only:

Date form received: \_\_\_\_\_ Time: \_\_\_\_\_

Waitlist  Yes  No

Staff initial: \_\_\_\_\_

**MANDATORY SIGNATURES REQUIRED ON REVERSE SIDE—TURN OVER AND COMPLETE**



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## Membership

I am a member of the Rosedale-Moore Park Association, and consent to the participation of the above-named and hereby release the Rosedale-Moore Park Association, its staff, Board of Directors, instructors and authorized guests from any and all actions, claims, demands for damages, loss or injury howsoever arising which may hereafter be sustained by the participant as above-named in consequence of participation in Association activities. I also consent to the use by the Rosedale-Moore Park Association of the participant's likeness (photographs, video) for publicity purposes and I authorize the Rosedale-Moore Park Association to communicate with me by email.

The Rosedale-Moore Park Association is a membership based organization. If, when registering, you are not currently a member, or your membership has expired, you will be contacted to complete your enrolment in the Association. Players under the age of 18 MUST be a part of a Family Membership. Family memberships are \$125 per year.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(signature required)

## 2020 Season Details

### Proposed Divisions

U12 (2008, 2009,2010)

U14 (2005, 2006,2007)

### Proposed Schedule

U12    Fridays            5:30-6:30pm    (May 1 —June 26 2020)

U14    Fridays            5:30-6:30pm    (May 1 —June 26, 2020)

*Note: this schedule is tentative and subject to change based on final registration numbers, permits, and facility availability. Mooredale reserves the right to merge age groupings together in the case where a division is not viable due to registration numbers.*

### Location

All sessions run at the Rosedale Park.

## Refund Policy

Please note unless we are provided with a copy of a medical note (which prevents your child from participating in all sport activities) there will be no refunds past the April 24 deadline. All cancellations and requests prior to the April 24 deadline for reimbursement are subject to a \$50 admin fee.

# Mooredale Sports Club

(To be used by players under the age of 18)

Name of Participant: \_\_\_\_\_ Age of Participant: \_\_\_\_\_

## ALL PROGRAMS AND ACTIVITIES HAS ITS RISKS

I participate in the Sport Program because it is physically and mentally challenging. In consideration of my participation in such programs, activities and events, I hereby acknowledge that I am aware of the risks and hazards associated with or related to this activity. The risks and hazards include, but are not limited to:

- Injuries from executing strenuous and demanding physical techniques
- Injuries from dryland training including weights, running and massage;
- Injuries from grass, turf and other surfaces including bacterial infections and rashes
- Injuries from collisions with walls and equipment
- Injuries resulting from failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment
- Spinal cord injuries which may render me permanently paralyzed
- Injuries from extreme weather conditions which may result in heatstroke, sunstroke or hypothermia
- Injuries from contact, colliding or being struck by other participants, spectators, equipment or vehicles
- Injuries resulting from vigorous physical exertion and strenuous cardiovascular workouts
- Injuries from exerting and stretching various muscle groups; and
- Travel to and from competitive events and associated non-competitive events which are an integral part of the organization's activities.

Furthermore, I am aware:

- That injuries sustained in sport can be severe;
- That I may experience anxiety while challenging myself during the activities;
- That I may come into close contact with other participants, including the possibility of accidental and unexpected contact;
- That my risk of injury is reduced if I follow all rules established for participation; and
- That my risk of injury increases as I become fatigued.

## I AGREE TO BE RESPONSIBLE FOR MYSELF

I am participating voluntarily in these activities, events and programs. I agree that there are risks as described above. By participating voluntarily in these events, activities and programs, I am exposed to these risks and hazards. I agree to accept them and be responsible for any injury or other loss which I might receive while participating in these events, activities and programs.

If something happens to me, I release the organizers of responsibility for any claims, demands, actions and costs which might arise out of my participation. In this Agreement I understand "organizers" to mean: Mooredale Sports Club their directors, officers, members, employees, volunteers, officials, participants, clubs, agents, sponsors, owners/operators of facilities and representative.

## INSURANCE

Executing this agreement may not preclude you from insurance coverage.

## I ACKNOWLEDGE MAKING THIS AGREEMENT

I have read and understood the terms and conditions of this agreement, and by signing it voluntarily, I am agreeing to abide by these terms.

\_\_\_\_\_  
Signature of Participant (if over 13)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

