



2005 - WEST AND PACIFIC COAST Enrollment Application - 2005

USA Rugby Membership Services

1033 Walnut St., Suite 200, Boulder, CO 80302

Fax: 303-302-0239

National Office: 303-539-0300 Website: www.usarugby.org

ENROLLMENT INFORMATION - PLEASE PRINT LEGIBLY

☐ Previously Registered with USA Rugby - CIPP # _____ ☐ New Participant for 2005

Last Name: _____ First: _____ MI: _____

Club Name (Full Official Name): _____ Club ID: _____

Division Affiliation: ☐ Men ☐ Women | ☐ Club ☐ Collegiate ☐ High School/Youth ☐ Military ☐ At-Large

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

E-mail address: _____ @ _____ (USA Rugby correspondence only - No solicitations.)

Date of Birth: ____/____/____ Age Now: _____ Gender: ☐ Male ☐ Female

Registration Status (Check all that apply): ☐ Player ☐ Administrator ☐ Referee ☐ Other _____

- If you selected Referee, please indicate your certification level: ☐ 1 ☐ 2 ☐ 3 ; Coaches must use the Coach Form

Citizenship: ☐ Citizen ☐ Non-Citizen ☐ Permanent or Conditional Resident Alien ☐ 3-Year Resident Player

Military: ☐ No ☐ Active ☐ Reserve ☐ Retired / Branch: ☐ Army ☐ Air Force ☐ Coast Guard ☐ Marines ☐ Navy

ENROLLMENT CLASSIFICATION AND ANNUAL FEES - CHECK ONE ONLY

ALL WEST AND PACIFIC COAST DUES MUST BE PAID WITH USA RUGBY DUES

- | | | |
|--|---------|----------|
| <input type="checkbox"/> Club - Affiliated with a senior men's or women's club or referee society | \$40.00 | \$ _____ |
| <input type="checkbox"/> At-Large - Independent player, administrator, or referee | \$40.00 | \$ _____ |
| <input type="checkbox"/> Collegiate - Affiliated with a collegiate men's or women's team | \$32.00 | \$ _____ |
| <input type="checkbox"/> High School / Youth - Affiliated with a high school or youth team | \$20.00 | \$ _____ |
| <input type="checkbox"/> Sustaining Member (Does not actively participate in rugby, but wishes to be a member of USA Rugby.) | \$10.00 | \$ _____ |
| <input type="checkbox"/> Half-Year dues for first-time enrollee (any above affiliations) * | \$20.00 | \$ _____ |

* ONLY available after July 1, 2005 and if never previously enrolled in the CIPP Program 1993-2004.

ADDITIONAL FEES AS APPLICABLE - Check all that apply - add to the enrollment fee above

- | | | |
|---|---------|----------|
| <input type="checkbox"/> Referee and Laws Committee dues (Required of all active Referees.) | \$25.00 | \$ _____ |
| <input type="checkbox"/> Combined Services / Military dues (Required of all active/reserve Military personnel.) | \$ 5.00 | \$ _____ |
| <input type="checkbox"/> Donation (Thank You!) | | \$ _____ |

TOTAL INDIVIDUAL ENROLLMENT FEES: _____ \$ _____

METHOD OF PAYMENT

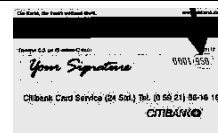
- ☐ Check Check Number # _____ ☐ Club Check ☐ Personal Check
- ☐ Visa ☐ MasterCard V-Code _____ (last 3 digits on back of credit card on signature tape)

Name as it appears on credit card: _____

Zip code of billing address for card holder: _____ - _____

Credit Card Number: _____ Expires _____/_____/_____

Please write number clearly



SIGNATURE - Your application will not be processed without a signature.

I hereby affirm that the above information is true and correct, and that I have read and agree to the terms of the waiver on back of this form.

Signature: _____ Date: _____

Parent/Guardian Signature if under 18 yrs: _____ Date: _____

Send signed original to USA Rugby / Retain a photocopy for your records

Attention! Read the following before signing!
**ASSUMPTION OF RISK, ACKNOWLEDGMENT OF MEDICAL INSURANCE,
WAIVER AND RELEASE OF LIABILITY, AND RELEASE FOR USA RUGBY**

In consideration of me being allowed to participate in any rugby competition conducted under the auspices of USA Rugby, its member unions, clubs, organizations and individuals (the "Activity"), I agree that:

1. I understand the dangers that may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity and the conditions under which the Activity is conducted. I understand the nature of the Activity and acknowledge that I am qualified to participate in such Activity. I further acknowledge that I am aware that the Activity will be conducted in facilities open to the public during the Activity. I further agree and warrant that, if at any time, I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
2. I acknowledge that I have a medical insurance policy in my name that has a minimum of \$100,000 in medical coverage. Such insurance will be my primary source of payment should medical treatment be necessary as a result of my participation in the Activity.
3. I FULLY UNDERSTAND that: (a) the Activity involves risks and dangers of SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("Risks"); (b) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS AND DAMAGES incurred as a result of my participation in the Activity.
4. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE AND AGREE TO HOLD HARMLESS USA Rugby, its respective administrators, members, directors, agents, officers, volunteers and employees, local organizing committees, other participants, any sponsors, advertisers, if applicable, owners and lessors of premises on which the Activity takes place (each considered one of the "Releasees" herein) from all liability, claims, demands, losses, or damages on account caused or alleged to be caused in whole or in part by any act or omission of the "Releasees" in connection with the Activity or otherwise, including rescue operations, and further agree that if, despite this release, I or anyone on my behalf makes a claim against any of the Releasees named above, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEYS FEES, LOSS LIABILITY, DAMAGE OR COST ANY MAY INCUR AS THE RESULT OF SUCH CLAIM.
5. I agree to abide by all International Rugby Board, USA Rugby, territorial and local area union rules and regulations, including to be bound by the arbitration procedures therein, that I am aware of and understand, for any dispute regarding my right to participate in the Activity, as set forth in the Bylaws of USA Rugby, as they are amended on a periodic basis, which I understand are available on the USA Rugby web site (www.usarugby.org).
6. I affirm that I am not suspended or banned from play or participation by any club, local area union, territorial union, or national union.
7. I authorize USA Rugby to verify my citizenship status with the appropriate governmental agencies.
8. I am aware that USA Rugby has the right to revoke my CIPP enrollment, and therefore my eligibility to play, in the event of any violation of the aforementioned statements.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THAT THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.