



Capital District Youth Rugby Spring 2011 - Player Packet

Welcome to Capital District Youth Rugby (CDYR) Albany Bulldogs

Before anyone can actively participate in rugby practice and/or rugby games with CDYR... the following steps must be completed - no exceptions! This applies to both new and returning players.

#1 – Forms Filled Out

- Attached forms must be filled out completely & signed/dated
- Parent/Guardian signatures needed on attached forms if player is under 18

#2 – Player Fees Paid

Returning Players

- \$65 per player fee – can be paid all at once or in installments as follows
- \$35 of the total player fee is due before the participant's first practice - **Due to Liability Insurance**
- \$30 of the total player fee (second installment) is due by no later than 5:30pm on Wednesday, April 6, 2011.

New Players (and those returning players interested in additional shorts and socks)

- \$90 per player fee – can be paid all at once or in installments as follows
 - \$35 of the total player fee is due before the participant's first practice - **Due to Liability Insurance**
 - \$25 of the total player fee (second \$25 installment) is due by no later than 5:30pm on Wednesday, March 30, 2011.
 - \$20 of the total player fee (third and final \$20 installment) is due no later than 5:30 PM Wednesday, April 6, 2011. – *Covers the cost of shorts and socks*
- Confidential payment plans are available for players on a tight budget. A portion of the player fee may be waived or reduced on a confidential basis in instances of serious financial hardship. Please see either Coach Farison or Coach Pendergast if you feel that this may apply to you or your child.
- Check is preferred method of payment (over cash): Make checks payable to Capital District Youth Rugby. Please indicate your player's name in the "memo" field at the lower left on your check.
- The player fee is non-refundable
- Players failing to submit their payments prior to the deadline will be prohibited from practicing until all requirements are met.

Included in player fee

- Rugby Jersey – for use on game day only and will be returned to CDYR
- CDY Rugby Individual Registration – required for participation
- USA Rugby Individual Registration (CIPP) – required for participation

CDYR – Albany Bulldogs Info

- Albany Bulldogs are an Under-19 age tackle rugby club
- Players must be currently in grades 9 through 12 and under the age of 19 as of July 1, 2011
- No previous rugby experience is needed – basics will be taught
- All active players will play in every game – there are no cuts or tryouts
- For player safety – players must participate in three practices prior to playing in a game
- Games will be played against other Under 19 teams, which may include freshman and sophomore aged teams from area universities.
- All coaches are certified by USA Rugby, which includes a background check
- CDYR - Bulldogs is not part of any school or town park & recreation program
- CDYR – Bulldogs is non-profit and is run and coached by volunteers

Practice Schedule (*check the Albany Bulldogs Girls home page for updates*)

- Mondays & Wednesdays from 4pm to 5:30 p.m. at UAlbany intramural fields
- Practice to start 3/16/11 and end on 6/01/11
- March practices will be held at the UAlbany fields located near the Dutch quad tennis/basketball courts.
When entering UAlbany from Western Ave., take a left and drive past the SEFCU Arena. Parking is after the tennis/basketball courts. Park in the visitor's area in the first 2-3 rows nearest the trees in the Dutch Gold lot.

Game Schedule - Games to be scheduled vs. Kingston, Rensselaer, Saratoga (2 teams).

(Times and locations of matches are still to be finalized)

- Friday, April 1 – Saratoga Black (UAlbany)
- Sunday, April 10 – at Kingston
- Sunday, April 17 – at Rensselaer
- Friday, April 29 – at Saratoga Black (Shenantaha Creek Park)
- Sunday, May 8 – Kingston
- Sunday, May 15 – Rensselaer

Cost

- \$90.00 for all new players

Included in player fee:

Rugby shorts and socks

Rugby Jersey – for use on game day only

CDY Rugby Individual Registration – required for participation

USA Rugby Individual Registration (CIPP) – required for participation

Equipment Needed

- Cleats – soccer or football cleats – football cleats need front/toe cleat removed
- Mouth Guard – can be purchased at local sporting goods store, Wal-Mart, Target, etc
- Water bottle – for use at practice – please put athlete's name on it (athletic tape & marker).

Needed before players can practice

- Completed and signed player packet (additional copies can be obtained at the web site – www.cdyr.org -click on Albany Bulldogs)

More Information

- <http://www.cdyr.org>

• Coaches:

Tracy Watson – watsont@coxsackie-athens.org

Ruth Robertson – ruthperry4151@gmail.com

**Capital District Youth Rugby
Parent and Player Information Form**

Parent(s)/Guardian Information:

First Name(s) _____ Last Name _____
Street Address _____
City _____ Zip _____
Work Phone _____
Home Phone _____ Cell _____
E-Mail _____

Would you like to be involved in any of the following?

- ____ Touch Judge/Sideline Official
- ____ Trainer/Medical
- ____ Food/Bev Organizer – Match/Game Day
- ____ Car Pool Driver
- ____ Fund Raising
- ____ WebSite/Advertising
- ____ Other (please specify) _____

Additional Comments or question:

Player Information: Male/Female _____

First Name _____ Last Name _____
Street Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell _____
Birthdate _____
E-Mail _____
Grade _____ School _____
Height _____ Weight _____
Played Rugby Before (circle one)? **Yes** **No**
How long, where, what position _____

What other activities do you participate in that may conflict with Rugby?

Additional comments or questions:

Capital District Youth Rugby Parental Permission, Waiver, and Release

1. Player and parent(s) / legal guardian(s) (referred to as “Undersigned”), consent to Player’s participation with Capital District Youth Rugby. The undersigned understands and agrees that participation includes, but is not limited to, practices, games, meetings, functions, socials, fundraising, and transportation to and from these activities. The Undersigned further understands that some drivers may be underinsured or uninsured and the Undersigned agrees to supplement their insurance to provide for sufficient underinsured or uninsured coverage to compensate for any losses resulting from injury or death in connection with a transportation mishap. The Undersigned waives all claims against any driver beyond his or her insurance coverage as well as against any Capital District Youth Rugby coach or staff, officials, referees, and administrators.
2. The Undersigned understands and agrees that the club is not sponsored by the School District, the City, or the City Parks & Recreation Department and as such its administrators and officials are not responsible for injury or death that may result from Player’s participation with the club and all claims against said entities and individuals are waived.
3. The Undersigned understands that there are no salaried coaches.
4. The Undersigned understands that the club may include players age 18 years of age and younger and competes against other U19 teams and High School clubs.
5. The Undersigned understands that rugby is a physical contact sport and as with all sports, the possibility of injury, be it serious or minor always exists. The Undersigned agrees that they will not hold the coaching staff, referees, USA Rugby, and its officials responsible for injury or death that may result from participation with the club.
6. In consideration of players' rights to participate, the undersigned hereby releases, discharges, and agrees not to sue the coaches, officials, and administrators of the club. The undersigned agrees that this release is binding and effective for themselves and their personal representatives, heirs, and next of kin, and this applies to any and all loss or damage claimed on account of injury or death, whether caused by negligence of above referred to entities or otherwise.
7. The Undersigned understands that by signing this release, they are giving up substantial rights they would otherwise have to recover damages for losses and they agree that they are doing so voluntarily and without inducement or threats or duress. The Undersigned agrees that they have the opportunity to seek legal advice before signing this release and have either done so or voluntarily elected not to and waives this opportunity.
8. The Undersigned understands that there is not always a medical physician or trainer at the Club’s games or practices.
9. The Undersigned understands and agrees to be solely responsible for:
 - a. Seeing that the Player has a physical to determine that he is able and fit to play rugby;
 - b. To see that Player has appropriate medical insurance;
 - c. To see that Player wears a mouthpiece during ALL practices and games
 - d. To see that Player abides by established Players Code of Conduct; and
10. The Undersigned agrees to accept all responsibility, including medical or financial, for participation.

We, the undersigned, have read and agree to the information and waiver and release of liability as set forth above.

Player: _____ **Date:** _____

Parent/Guardian: _____ **Date:** _____

Parent/Guardian: _____ **Date:** _____

Capital District Youth Rugby Players Code of Conduct

USA Rugby, NY State Rugby Conference, Northeast Rugby Union, Capital District Youth Rugby expect all teams and players to abide by the following code of conduct:

- 1) Players who represent their teams are ambassadors of their Community, Local Area Union, Territory and USA Rugby, as well of the game of rugby in general. As such, each player is expected to display responsible behavior at all times, both on and off the field.
- 2) Players should not exhibit obnoxious, impolite or antisocial behavior of any sort that would adversely affect the image of the game as a serious and disciplined endeavor. This includes verbal abuse of opponents, both players and coaching staff, by players or their supporters.
- 3) Players must not - before, during, or after a match - threaten or address a referee or touch judge in insulting terms, or act in a provocative manner towards any players, fans, coaches, referee, or touch judge.
- 4) Players and supporters must abide by all rules and regulations applicable to the club imposed by the International Rugby Board, USA Rugby, the governing territory, the governing local area Union, the local school, and local hosts.
- 5) AT NO TIME WILL ALCOHOL OR DRUGS BE ALLOWED AT ANY RUGBY MATCH, PRACTICE, OR EVENT BY EITHER BY PLAYERS OR TEAM SUPPORTERS.
- 6) I understand that I am representing Capital District Youth Rugby and will conduct myself in an appropriate manner.

The Capital District Youth Rugby Disciplinary Committee will immediately address violations of this Code of Conduct. The committee and appropriate coaching staff will enforce all sanctions by the Disciplinary Committee.

I understand that my participation in Under 19 Rugby competition is dependent upon my signature on this document and by my actions at all matches and team functions.



Signed by Player:

Signature

Printed Name

Date: _____



Signed by Parent or Guardian:

Signature

Printed Name

Date: _____

USA Rugby CIPP Registration

CIPP registers a player with USA Rugby for one calendar year. The cost is \$20 and the registration will be completed by the coaches.

Players must be registered with CIPP prior to participating in practices. **There will be zero exceptions to this policy!** The process can take up to 24 hours for your registration to be accepted.

Player Information:

First Name: _____ Last Name: _____

Male/Female: _____

Payment Amount _____ Check/Cash _____ Check # _____

Name on Check _____

Capital District Youth Rugby
Emergency Information Form

Player's First Name _____
Player's Last Name _____
Address _____
City _____ ZIP _____
Home Phone (____) _____ Cell Phone (____) _____
Email _____
Birthdate ____/____/____

Emergency Contact Information

List two persons to contact in case of emergency:

Parent/guardian _____
Home Phone (____) _____
Work Phone (____) _____ Cell Phone (____) _____
Address _____
E-mail _____

Secondary Contact _____
Home Phone (____) _____
Work Phone (____) _____ Cell Phone (____) _____
Address _____
Relationship to player _____

Physician Name _____
Phone (____) _____
Insurance Company _____
Policy # _____
Group # _____

Medical History Form

IMPORTANT!!!

Player's First Name _____
Player's Last Name _____
Birthdate ____/____/____

Circle Yes or No and provide details.

Are you allergic to any medications? **YES – NO**. If yes, please list.

Do you have any other allergies (foods, bee/wasp sting, latex, dust, etc.)? **YES – NO**. If yes, please list.

Have you been told that you have (had) asthma or exercise induced asthma? **YES – NO**. List

Medications _____

Have you ever had a hernia or rupture? **YES - NO** List dates if repaired _____

Have you ever been knocked out or had a concussion or other closed head injury? **YES – NO** List dates: _____

Have you ever injured the bones, ligaments, nerves, or discs of your neck and back that disabled you for a week or longer? **YES – NO** List dates _____

Have you ever had a broken bone or fracture? **YES – NO** List bones/dates: _____

Have you ever had a shoulder/elbow or wrist injury that disabled you for a week or longer? **YES – NO** List injury/dates: _____

Have you ever injured the ligaments in your knee? **YES – NO** List injury/dates: _____

Have you ever had an ankle injury that disabled you for a week or longer? **YES – NO** List injury/dates: _____

Do you presently have a pin, rod, screw, or plate anywhere in your body? **YES – NO** Where? _____

List injury/dates: _____

Have you experienced any major surgery? List: _____

Have you ever been diagnosed with any major diseases or conditions (Diabetes, Epilepsy, heart disease, etc.)?

YES – NO List: _____

Are you currently taking any over the counter or prescription medication? **YES – NO**. If yes, please list medication and reason. _____

Are you current on all immunizations? **YES – NO** List special considerations: _____

Do you wear contacts? **YES – NO**.

Do you wear any removable dental appliances while playing your sport? **YES – NO**

Please explain any other medical conditions the coaches and/or medical professionals need to be aware of:

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Capital District Youth Rugby Medical Waiver and Insurance Form

I _____ being the PARENT and/or GUARDIAN of _____ grant permission for him/her to participate in rugby football. In consideration of this opportunity afforded him/her, I do by release Capital District Youth Rugby and its members from all actions, causes of actions, damages, claims and demands, in law or in equity, or every kind and character I may now or hereafter have against them.

I do hereby authorize Capital District Youth Rugby as agents for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the medicine practice act, whether such a diagnosis or treatment is rendered at the office of said physician or hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of Capital District Youth Rugby to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. This authorization shall remain effective as long as he/she participates in this sport/activity with Capital District Youth Rugby unless revoked sooner in writing and delivered to Capital District Youth Rugby.

The participant **MUST** provide his/her own accident/medical insurance coverage to participate **AND** have completed the Medical History Form. Please complete the following information and provide a copy of the policy or insurance card for verification.

Insurance Company _____

Phone (____) _____

Policy/ID Number _____

Group Number _____

Address _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature _____

Date ____/____/____

- MINOR (PARTICIPANTS UNDER 18) -

USA RUGBY PARTICIPATION AGREEMENT AND WAIVER AND RELEASE OF LIABILITY

PLEASE READ CAREFULLY BEFORE SIGNING. THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS AND ASSUMPTION OF THE RISKS AGREEMENT.

This Participation Agreement and Waiver and Release of Liability is entered into between the undersigned "Parent" or "Guardian" and the minor participant "Participant" and USA Rugby, it's member unions, clubs, organizations, affiliates, partners, sponsors, vendors, directors, officers, employees, volunteers, members, agents, contractors, contracted entities and facilities and the owners and lessors thereof, hereinafter referred to as "USA Rugby" or collectively as "Releasees").

In consideration for the privilege of participation of the Participant in USA Rugby activities, Participant, Parent or Guardian acknowledge and agree as follows:

1. Participation in the activities of USA Rugby, including but not limited to warm-up, training, practice, games, clinics, travel, and social events (referred to herein as the "Activities"), includes participation in a full-contact sport, requires good health and fitness and can be **HAZARDOUS AND PRESENT A DANGER TO PARTICIPANT**. Participant and Parent or Guardian believe the Participant is qualified to participate in Activities, and if at any time the Participant, Parent or Guardian believe conditions to be unsafe, he/she will immediately discontinue further participation in the Activities _____, _____, _____ INITIAL HERE

2. Participation in Activities exposes Participant to **RISKS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH**. Risks may arise out of contact and/or participation with other participants, spectators, equipment, field, facility and/or fixed objects; falls, collisions, rough play, and other mishaps; exposure to adverse weather conditions and/or high altitude; flaws and defects in equipment and facilities; irregular field conditions; and negligent field maintenance, negligent officiating, negligent coaching and negligent participation. Risks may be caused by the Participant's own actions, or inaction, the actions or inaction of others participants, the condition of the facilities in which the Activities take place, and/or **THE NEGLIGENCE OF THE "RELEASEES."** Some Risks cannot be predicted or controlled. There may be other risks and social and economic losses either not known to me or not readily foreseeable at this time. _____, _____, _____ INITIAL HERE

3. Assumption of the Risks. **I CONSENT TO PARTICIPATION IN THE ACTIVITIES AND FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES** incurred as a result of such participation. _____, _____, _____ INITIAL HERE

4. Waiver and Release of Liability. In consideration for the privilege of the Participant's participation in the Activities, each undersigned hereby **RELEASES, DISCHARGES, COVENANTS NOT TO SUE, AND AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS RELEASEES** from any and all liability, demands, losses, medical expenses, lost opportunities, damages or attorneys fees and costs stemming from any or all claims for negligence, expressed or implied warranty, contribution, and indemnity, and/or claims of negligent rescue operations, first aid, and emergency care, to the broadest extent permitted by applicable law, including C.R.S. § 13-22-107, suffered by the Participant, Parent or Guardian or incurred on his/her account with respect to the Participant's personal injury and other injury or harm, disability, and/or death, or property damage, arising directly or indirectly from the Participant's participation in Activities, as caused or alleged to be caused in whole or in part by the Releasees or any of them, and further agrees that if, despite this release, the Participant or any other person makes a claim on the Participant's behalf against any of the Releasees, **THE UNDERSIGNED WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LIABILITY, LITIGATION EXPENSES, ATTORNEY FEES, LOSSES, DAMAGES OR COSTS ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM, WHETHER ASSERTED BY THE UNDERSIGNED, THE PARTICIPANT, OR ANOTHER PERSON.** _____, _____, _____ INITIAL HERE

5. Governing Law, Venue and Jurisdiction: The undersigned understands and agrees that this document is intended to be as broad and inclusive as permitted under applicable law and shall be governed by Colorado law. In the event of a dispute, the exclusive venue and jurisdiction for any lawsuit arising out of such dispute shall be the state court of Boulder County, or the federal courts located in Denver, Colorado. _____, _____, _____ INITIAL HERE

1. Severability: If any provision of this document is determined to be invalid for any reason, such invalidity shall not affect the validity of any of the other provisions, which other provisions shall remain in full force and effect as if this document had been executed with the invalid provision eliminated. _____, _____, _____ INITIAL HERE

THE UNDERSIGNED PARTICIPANT AND PARENT AND/OR GUARDIAN HEREBY CERTIFY THAT PARTICIPANT IS UNDER 18 YEARS OLD, THAT I HAVE COMPLETELY READ AND UNDERSTAND THIS AGREEMENT AND ITS TERMS. THAT PRIOR TO SIGNING THIS AGREEMENT, I HAVE HAD THE OPPORTUNITY TO ASK ANY QUESTIONS ABOUT THIS AGREEMENT. I AM AWARE, BY SIGNING THIS AGREEMENT I ASSUME ALL RISKS AND WAIVE AND RELEASE CERTAIN RIGHTS THAT I AND EACH OF MY HEIRS, NEXT OF KIN, FAMILY, RELATIVES, GUARDIANS, CONSERVATORS, EXECUTORS, ADMINISTRATORS, TRUSTEES AND ASSIGNS MAY HAVE AGAINST RELEASEES.

Parent/Guardian Signature Printed Name Date

I AM A PARENT/GUARDIAN OF THE PARTICIPANT, AND I ATTEST THAT I HAVE LEGAL RESPONSIBILITY OVER THE PARTICIPANT, AND, MY SIGNATURE IS SUFFICIENT TO CONSENT TO THE PARTICIPATION OF THE PARTICIPANT IN THE ACTIVITIES AND TO ENTER INTO THIS AGREEMENT FOR AND ON BEHALF OF THE PARTICIPANT.

Parent/Guardian Signature Printed Name Date

Witness Printed Name Date

PLEASE PRINT, INITIAL, SIGN AND RETURN TO YOUR AFFILIATED CLUB

- MINOR (PARTICIPANTS UNDER 18) -

**USA RUGBY (MINOR) MEDICAL INSURANCE AGREEMENT AND USA RUGBY RULES
ACKNOWLEDGEMENT**

1. I, the undersigned parent/guardian, acknowledge that the minor child identified below (the "Minor") is covered by a personal or group insurance policy that has \$100,000 or more in coverage for medical, hospitalization, and other expenses of treatment and care should the Minor be injured or become ill while or as a result of participating in the Activities (as defined below) **WITH NO RESTRICTION FOR ACCIDENTS OR ILLNESSES WHILE PARTICIPATING IN SPORTS, SPORTS-RELATED ACTIVITIES, OR RECREATIONAL ACTIVITIES**. I understand such insurance will be my and the Minor's primary source of payment should medical treatment be necessary as a result of participation in the Activities. The undersigned accepts full financial responsibility for and agrees to pay all costs of medical treatment or care incurred due to the Minor's illness or injury arising out of the Activities that are not covered by such insurance policy.
2. The Minor will abide by all International Rugby Board, USA Rugby, territorial and local area union rules and regulations, including the arbitration procedures therein, for any dispute regarding the Minor's eligibility or right to participate in, USA Rugby-sponsored and -sanctioned activities and events, as set forth in the Bylaws of USA Rugby, as they are amended on a periodic basis, which are available on the USA Rugby web site (www.usarugby.org).
3. I affirm that the Minor is not suspended or banned from play or participation by any club, local area union, territorial union, or national union, and I authorize USA Rugby to verify the Minor's citizenship status with the appropriate governmental agencies.
4. I am aware that USA Rugby has the right to revoke the Minor's CIPP enrollment, and therefore his/her eligibility to play or coach, in the event of any violation of the aforementioned statement.

I HAVE CAREFULLY READ THIS MEDICAL INSURANCE AGREEMENT AND BY SIGNING BELOW AGREE TO ALL OF ITS TERMS. I SIGN THIS DOCUMENT VOLUNTARILY AND WITH FULL UNDERSTANDING OF ITS TERMS AND LEGAL SIGNIFICANCE. I AM A PARENT/GUARDIAN OF THE MINOR, AND I ATTEST THAT I HAVE LEGAL RESPONSIBILITY OVER THE MINOR, AND FURTHER ATTEST THAT, IF I AM THE SOLE PARENT/GUARDIAN SIGNING BELOW, MY SIGNATURE IS SUFFICIENT TO CONSENT TO THE PARTICIPATION OF THE MINOR IN THE ACTIVITIES AND TO ENTER INTO THIS MEDICAL INSURANCE AGREEMENT ON BEHALF OF THE MINOR.

PROVIDE NAME OF MINOR:

Parent/Guardian Signature

Printed Name

Date

PLEASE PRINT, SIGN AND RETURN TO YOUR AFFILIATED CLUB

All clubs are required to maintain the signed waivers & releases in their possession for a minimum of three (3) years and provide to USA Rugby at any time upon request. For more information about USA Rugby's Liability Insurance protection, please visit: www.usarugby.org.