



Parent and Player Signature Form

Please sign and date each line item. **The WCHSRFC Registration Form and Parent & Player Signature Page must be filled out in its entirety, signed, dated and returned PRIOR to starting practices.**
Full Documentation can be found at www.RealMenPlayRugby.com under "Paperwork".

Players Name (Please Print)	
Parent Name (Please Print)	

1. Medical Insurance Agreement and USA Rugby Rules

I hereby affirm that I have read and agree to the terms and conditions of the aforementioned document.

Parent Signature	
Date	
Player Signature	
Date	

2. Extra-Curricular Consent Form

I hereby affirm that I have read and agree to the terms and conditions of the aforementioned document.

Parent Signature	
Date	
Player Signature	
Date	

3. Code of Conduct (Parent and Player)

I hereby affirm that I have read and agree to the terms and conditions of the aforementioned document.

Parent Signature	
Date	
Player Signature	
Date	



Parent and Player Signature Form

4. Informed Consent For Athletics

I hereby affirm that I have read and agree to the terms and conditions of the aforementioned document.

Parent Signature	
Date	
Player Signature	
Date	

5. WCHSFC Parent Agreement

I hereby affirm that I have read and agree to the terms and conditions of the aforementioned document.

Parent Signature	
Date	
Player Signature	
Date	

6. WCASD Release for Photographs, Videos or Audio Recordings on the Web

- a. I hereby grant permission to the WCHSRFC to display group photographs of students that include my child on its site that is linked to the district or school web sites.

Parent Signature	
Date	

- b. I do not wish photographs to be displayed on the site that is linked to the district of school website.

Parent Signature	
Date	

The WCHSRFC Registration Form and Parent & Player Signature Page can be:

1. Mailed to Kirste Davis, 903 Amelia Drive, West Chester, PA 19382
2. Faxed to 610-661-8414
3. Brought to the first practice

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