



# West Chester High School Rugby Football Club (WCHSRFC)

## Registration Form (Please Print)

<b>Player Information</b>	
Last Name	
First Name	
Street Address	
City	
State & Zip	
Grade	
High School	
Preferred Email Address	
Home Phone	
Cell Phone	

<b>Parent/Guardian #1</b>	
Last Name	
First Name	
Street Address	
City	
State & Zip	
Email Address	
Preferred Contact Phone #	

<b>Parent/Guardian #2</b>	
Last Name	
First Name	
Street Address	
City	
State & Zip	
Email Address	
Preferred Contact Phone #	



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<b>Emergency Contact</b>	<b>Other than Parent / Legal Guardian listed above</b>
Name	
Phone Number	
Relationship to Player	

<b>Medical Information</b>	
Medical Carrier	
Policy Number	
Subscriber	
Phone Number	