



Jonesboro

CHIEFS R.F.C

Player Information

First Name _____ Last Name _____ Date _____

Address _____ Apt. # _____

City _____ State _____ ZIP Code _____

Player's birth date _____ Age as of March 1st, 2019 _____ (Age verification may be required)

Shirt Size (circle one) YS YM YL AS AM AL AXL AXXL

Years played _____ Current grade in school _____ School Name _____

Phone # _____ Email _____

Parent Information

Mother's Name _____ Father's Name _____

Cell Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____

Parental Support: We encourage parents to support our programs. Please check the area or areas in which you would be willing to help. Coach _____ Asst. Coach _____

Medical Information

Please list any medical conditions _____

Doctor to notify _____ Phone _____

Does the participant have Health Insurance _____

Participant and Spectator Rules

No abusive behavior toward a player, coach, referee or league coordinator will be tolerated. No abusive language or profanity directed at a player, coach, referee or league coordinator will be tolerated. Violators of these policies will be given one warning. If participants and spectators do not comply they will be removed from the venue.

I, the parent of the registrant a minor, agree that the registrant and I will abide by the rules of Parks and Recreation and the City Stars Youth Sports Program, its affiliated organizations, and sponsors. Recognizing the possibilities of physical injury associated with NEA Rugby Club and in consideration for the Parks and Recreation Department accepting the registrant for its NEA Rugby program and its activities, I hereby release, discharge, and/or indemnify the Parks and Recreation Dept. its affiliated organizations, their sponsors, their employees, volunteers, and associated personnel, against any claims by or on behalf of the registrant as a result of the registrant's participation in the program and/or being transported to or from the same, which transportation I hereby authorize. I also release my child's image in the form of a photograph or video to be used solely by City Stars for promotion of the program to the public through the media.

CONSENT FOR MEDICAL TREATMENT (MINOR): as the parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Parent/Guardian signature _____ Date: _____



Youth/ H.S. Rugby



2019 Youth/High School 7's Rugby

Brought to you by:
Jonesboro Chiefs RFC
Jonesboro Parks and Recreation
7-9th Grade Tackle Rugby
10-12th Grade Tackle Rugby

The cost for the league is \$50.00 per player.

(Make checks payable to City Stars Booster Club and turn form into the Earl Bell Community Center at 1212 S. Church St. Jonesboro, AR 72401)

(A Limited Number of Confidential partial scholarships are available for those who qualify)

2019 Spring Schedule

March 22nd-Registration Deadline 9:00 PM

March 18th- First Possible Week of Practice

April 13th - First Games at Joe Mack Campbell Park

May 18th- Last Games

Games will be played at

Joe Mack Campbell Park

For more information please call

(870)933-4604

The City of Jonesboro is pleased partner with the Jonesboro Chiefs RFC to present Jr. High and High School 7's Rugby to the citizens of Jonesboro. Participants learn the importance of teamwork and respect for opponents, coaches, and referees, which are key elements for all athletic endeavors. Practice will begin the week the Middle of March. Most Games will be on Saturday mornings at Joe Mack Campbell Park, with some games being during the week at nights on the CWL field at Joe Mack Campbell Park.

Jonesboro
CHIEFS
Rugby Club

