Required Registration & Release Forms
Frostbite Rugby Tournament

Please complete the Hempfield Quad and Stadium Team release form attached and include all players and appropriate signatures. You may submit this ahead of time to Frostbiterugbytournament@gmail.com Any changes to that should be submitted the morning of the event.
Please also bring your current players' medical release forms; you may use the one attached. You will be required to present these to the event coordinator or medical staff should an injury warrant transport.

The registration table will be open Saturday, February 27 and Sunday, February 28, at least one hour before the 1st game and throughout the event, at the Tournament Headquarters located in the Landisville Middle School Lobby, 340 Mumma Drive, Landisville, PA 17538

Please review these requirements for team registration:
Each team must be registered with NCR and all players must meet NCR's eligibility rules. Teams shall present the following documents at registration one hour prior to their first game:

- A copy of the team's roster to be returned prior to the event at frostbiterugbytournament@gmail.com or morning of - at the registration table. Each player and team must be registered with NCR prior to the start of the tournament. Any team fielding an ineligible player will be disqualified and automatically forfeit their tournament fee.

- Medical and team rosters/release documents for each player must be in their coach's possession during the games. You may use the form attached if you do not have one available. Please complete in advance of the event.

Please note:
- A player may compete for only one team in the tournament.

- All teams are responsible for their own insurance.

- In case of accident or injury while traveling to or from and during the tournament, PA Classics AC, Knightmare RFC, Lancaster Roses AC, Hempfield School District, and their Executive Boards, or any teams participating in the tournament, will not be held liable.

- Please review and print tournament rules to bring with you. They can be found on our website link.

Hempfield Quad, Stadium and Campuses Team Form – Please complete this form in its entirety and submit prior to 1st game

Please circle one: Soccer Rugby Other

Team name: _____ Age Group or Level: _____ Dates of Attendance: _____

Scheduling contact:_____Home Ph:_____Cell or Work Ph:_____Email: _____

ASSUMPTION AND RELEASE OF LIABILITY. Turf and contact sports are inherently dangerous. The undersigned, on behalf of the undersigned and the undersigned's player (collectively "Participant") hereby: (1) assume the risk of personal injury, property damage, or other loss (collectively "Injuries") to the Participant arising from or related to activities at the Hempfield Quad and Stadium or on any Hempfield School District campus or athletic field; (2) release PA Classics AC (PAC), Hempfield School District (HSD) and their agents, employees, staff members, officers, directors and members from all liability, claims, or responsibility for Injuries to Participant; (3) grant permission for Participant to participate in activities at the Hempfield Quad and Stadium and any Hempfield School District campus or athletic fields 4) release PAC and HSD from Injuries arising from any good faith acts or omissions in emergency situations. Games, clinics, academies, camps and other events that are cancelled due to inclement weather or for other reasons beyond the control of PAC and HSD shall not be rescheduled and there shall be no refund or pro-rated refund of any fees.

I agree that you may photograph and/or videotape me or my child during sports activities and that you retain the right to use these visual images in future literature for PA Classics AC and Hempfield SD without compensation to my child or me. I further agree that you may use my name, my child's name, or any testimonials made by us without limitation in advertising and promoting facilities and PAC and HSD.

I represent that I am over the age of 18 or a parent/guardian of the minor named below, and agree that the grant and release contained therein binds me and the minor of all of its terms. By signing players and teams agree to be governed by the rules and policies of PAC and HSD.

	Shirt #	Player Name	Address	City	Zip	Phone	Email Address	Birth	Signature (must be parent or guardian if under 18)
1									
2									
3									
4									
5									
6									
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8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									

Frostbite Medical Release

Name:_____ College:_____
Address:_____
City:_____State:_____Zip Code:_____
Phone:_____

Insurance Company:_____
Policy Number:_____Group Number:_____

In case of emergency please contact:
Name:_____
Phone:_____Relationship:_____

Coach:_____Assistant Coach:_____

Primary Care Provider:
Name:_____Phone:_____
Address:_____
City:_____State:_____Zip Code:_____
Known
Allergies:_____
Known
Disabilities:_____
Other Important Medical
Information:_____
_____

Signature of
Player:_____Date:_____

Signature of Coach
if not of legal age:_____Date:_____