

LAS VEGAS RUGBY ACADEMY PLAYER REGISTRATION

PLAYER INFORMATION		
Name :	Birthdate (mm/dd/yr.) :	
Address2		
Address2		
City	State	Zip
Gender	Player Cell #	
Player E-mail		
School	Grade	

PARENT/GUARDIAN INFORMATION	
Name	
Phone (H)	Phone (W)
Phone (Cell)	Relationship: Mother/Father/Guardian
Name	
Phone (H)	Phone (W)
Phone (Cell)	Relationship: Mother/Father/Guardian

EMERGENCY CONTACT INFORMATION	
Emergency Contact Name	
Phone (H)	Phone (W)
Phone (Cell)	Relationship
Emergency Contact Name	
Phone (H)	Phone (W)
Phone (Cell)	Relationship

MEDICAL INFORMATION	
Doctor's Name	Phone
Allergies	
Medications	
Insurance Company	Policy Number
Policy Holder Name	
Hospital of Choice	

COMMUNICATION INFORMATION	
Please provide a primary email address of an adult who will check for messages regularly during the season. The size of our organization may prevent us from relying exclusively on phone or mail for necessary communication. Important notices are sent during the season, so please use an email address that is checked daily.	
Primary Email	No Email
Secondary Email	