



TIDE RUGBY

2015 Junior Tide Registration Package, Including Brief Medical History

Please complete all pages & bring a signed copy to tryouts along with tryout fee of \$20. You MUST bring a hard copy to the tryout or fill out the forms at tryouts.

Player Name: _____

Address: _____ PC: _____

BC Medical #: _____ Height : _____ Weight: _____

Birth Date: Day: _____ Month: _____ Year: _____

Home Phone: _____ Player Cell #: _____

Position(s) Played: _____

School: _____ Club Team: _____

Player Email: _____

Currently Registered/Insured with BCRU: [] Yes [] No

NOTE: If currently registered with a rugby club, player will be BCRU registered. Non-Registered Players will be asked to register with the BCRU on line (select the tournament fee option).

Jersey Size (best guess): S__ M__ L__ XL__ XXL__

Short Size (best guess): S__ M__ L__ XL__ XXL__

PARENT (Guardian) INFORMATION

Parent/s Name/s: _____

Parent/s Email/s: _____

Parent/s Cell/s: _____

Would you like parent(s) to be copied on emails: [] YES [] NO

FEES

Tryout fee is \$20. If selected, player fees will be due at first team practice. The player fees is usually about \$325 but will be dependent on player and team numbers. (covers ferry, meals, buses on Vancouver side, all tournament fees, uniforms)

ADMINISTRATION ONLY
Tryout Fee Paid [] YES [] NO METHOD OF PAYMENT: [] CASH [] CHQ
TRIAL NUMBER: _____ PICTURE TAKEN: [] YES [] NO

PLAYER EXPECTATIONS:

- a) As a Junior Tide representative-level rugby player, players are expected to conduct themselves according to the code of conduct at all times, on the pitch and off
- b) Community volunteer work is sometimes required, at the request of sponsors, to help off-set the costs of running our programs. Team managers will coordinate community work, which players are expected to participate in.

PLAYER CODE OF CONDUCT:

As a South Island Junior Tide Rugby team candidate and if chosen, playing member, I will:

- a) Be a good sportsman, compete fairly, win with dignity and lose with grace.
- b) Be a good team mate by supporting my team mates no matter what their skill level.
- c) Treat all players as I would like to be treated myself. Bullying in any form is not acceptable.
- d) Control my emotions – verbal or physical abuse of team mates, opponents, coaches, match officials or spectators is not acceptable.
- e) Be attentive at all training and coaching sessions.
- f) Attend sufficient training sessions to learn safe rugby play & techniques and recognize the right & responsibility of coaches to limit my play until I am deemed by the coach as fit or skilled enough to play.
- g) Play because I want to do so, not to please coaches or parents.
- h) Remember that skill development, fun and enjoyment are the most important parts of the game.
- i) Understand that not all players who tryout can or will be selected. If not selected, I will work towards bettering my game and continue with the sport as long as it remains enjoyable for me. If selected, I will represent the South Island with pride, dignity and play to the utmost of my ability when given the opportunity to do so.

DISCIPLINARY PROCEDURE:

Our organization has an admirable history of self-control among players and parents. However, there is always the possibility that problems requiring disciplinary action could arise. Should a coach or other official determine any player's behavior to be unacceptable and/or in any way harmful to another player, the matter will be brought to the SI Tide Executive (comprising the Director of Tide Rugby and two members of the VIRU) for review.

The Disciplinary Committee shall have the authority to ban any person from the **South Island Junior Tide** activities for whatever length of time it deems necessary.

Player, please sign to acknowledge you have read and understand the terms above:

Print Name

Signature

Date

PARENT CODE OF CONDUCT:

As a Parent of a South Island Junior Tide athlete (SI-JT) player, I will:

- a) Understand that this is a representative, highly competitive level of rugby and there will be a player selection process to determine which athletes travel to certain competitions including Island and provincial test matches or Regional Championships.
- b) Support my child if not selected for a specific Representative team. Not all players who try out can be selected. I will remain positive and encourage my child to continue participating and improving their game at every opportunity.
- c) Be aware that the SI-JT coaches have a duty of care to ensure the safety of players and therefore will be assessing players as to their ability to safely participate in games of rugby played at a high level & intensity.
- d) Be involved with SI-JT activities and volunteer my time and support when asked.
- e) Ensure my children attend sufficient practices to be able to play effectively with the rest of the team with the techniques & fitness levels expected.
- f) Understand that starting/non-starting roles, playing time, positions played are the decision of the coaching staff, and consider the needs of all players and the team as a whole
- g) Share concerns, if I have them, with SI-JT officials. If necessary this shall be done with discretion at the appropriate time and place

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I understand and accept the above:

Parents Name

Signature

Date

BRIEF MEDICAL HISTORY FORM

Please fill out this brief medical history for the purpose of our trials. If player is selected, a more extensive medical form will be required.

Player Name: _____

EMERGENCY CONTACT INFORMATION:

Name(s): _____ Relationship to Player: _____

Contact Cell Phone: _____ Other Phone: _____

Please list any **Prescription Medication** (ie Epi Pen, Insulin, Inhalers etc.) **THAT YOU CURRENTLY TAKE OR REQUIRE REGULARLY:**

Do you have any medical conditions that we should be aware of: e.g. **Allergies, Diabetes, Heart Conditions, Asthma, Skin Conditions** (ie itching, rashes, acne), or **Any Other Medical Condition?**

CONCUSSION HISTORY:

Please describe your history of concussion (if any, how many concussions have you experienced, when was your last, how long were you away from rugby, do you have any symptoms currently?)

INJURIES OR CONDITIONS:

Please describe any other injuries or muscle conditions that have occurred within the past two years (tears, strains, dislocations, breaks, regular cramps)

PLEASE LIST ANY OF THE ABOVE INJURIES THAT ARE STILL AFFECTING YOU:

CERTIFICATION:

I certify that I have made a full and complete disclosure concerning any and all conditions, allergies, medications, injuries and head injury information. I have answered completely and truthfully all questions.

Signature: _____

Date: _____

AUTHORIZATION FOR THE RELEASE OF MEDICAL INFORMATION

PARENT / LEGAL GUARDIAN

I, _____ the parent or legal guardian of _____
(Athlete) a member of the _____ (Team name), authorize Kim
Hawker CAT(C) and other medical personnel assigned to this team to release to the team's
coaches, and/or managers, information with regards to my child's health and physical condition
including injuries and their treatment only as it relates to my child's participation as a member of
the above named team.

Signature _____ Date: _____
(Parent or Legal Guardian)

Print Name: _____

ATHLETES 18 YEARS OF AGE OR OLDER

I, _____ (Athlete) as a member of the _____
(Team Name), authorize Kim Hawker CAT(C) and other medical personnel assigned to this
team to release to the team's coaches, and/or managers, information with regards to my health
and physical condition including injuries and their treatment only as it relates to my participation
as a member of the above named team.

Athlete Signature: _____ Date: _____

Print Name: _____

Parent Signature: _____ Date: _____

Print Name: _____