

Please fill out all fields on the form. Once completed click the send button and the completed form will be emailed from your email program.

**SEND**

## Parent or Guardian Consent

I hereby grant permission for \_\_\_\_\_

*Player's Name*

"The participant", to participate in the Meraloma Rugby Super Skills Camp 2009. I understand that as the Parent/Guardian of the participant, I am responsible for any medical or other charges in connection with his/her attendance at the camp. Organizers reserve the right to refuse admission and/ or further participation to any participant.

I, the parent/guardian of the participant, am aware that there is a certain risk of injury involved in my child's participation in this activity, and by signing this document, I waive and release any and all rights and claim for any damages of any sort or any other claim or remedy of any sort I may have against the Meraloma Rugby Club, participating clubs or their directors, officers, staff and camp organizers, in connection with my child's participation in this camp including negligence.

Date: \_\_\_\_\_

Name of Parent / Guardian: \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Emergency Contact, if unable to contact Parent/Guardian: \_\_\_\_\_

Other name and phone number: \_\_\_\_\_

**FAX** completed 2 page form and payment to: 604-261-9655

**EMAIL** completed form and payment to conmcginley@shaw.ca

**MAIL** completed 2 page form and payment to:

Meraloma Rugby Camp – Attention: Connie McGinley  
2390 West 10th Avenue  
Vancouver BC V6K 2J3

**For more information please call:**

Connie McGinley – Meraloma Director of Junior Rugby @ 604-261-9655

**or Email:** conmcginley@shaw.ca **Subject box:** Rugby Camp

**FALL RUGBY** begins: Sunday, Sept. 20, 2009 – 10 AM

**Registration Day:** Sunday, Sept 13, 2009 – 10 AM to NOON @ the Clubhouse

More information about RUGBY go to [www.meralomarugby.com](http://www.meralomarugby.com)

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# MERALOMA RUGBY



Supporting Amateur Athletes since 1923



## SUPER SKILLS CAMP 2009

Monday Aug 23  
to Friday Aug 27  
2 pm – 5 pm

Connaught Park  
2390 W. 10th Ave  
Vancouver, BC  
V6K 2J3

**\$120.00**  
Camp T-shirt, Gatorade,  
Snacks, Mouth Guard  
BBQ on Friday @ 4:30 PM

**[www.meralomarugby.com](http://www.meralomarugby.com)**

Contact Camp Director: Connie McGinley 604-261-9655 or [conmcginley@shaw.ca](mailto:conmcginley@shaw.ca)

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## The Coaches

Meraloma Rugby Senior Men's and Women's Premier, 1st and 2nd Division Players and Club Coaches, who are BCRU and NCCP Certified.

This past summer some have coached Rep Teams and played on Rep Teams for Vancouver, BC and Canada.

Together they bring their skills and knowledge to all our young players and most importantly fun and a passion for a great game.

## All are Welcome

- Boys and Girls – Kindergarten to Grade 10.
- No experience required.
- The week long camp will be progressive and motivating.
- Experienced players will be able to fine tune their skills.
- All Rugby Coaches are Certified and experienced Players.
- Players are required to wear rugby or soccer boots, wear shorts and wear a mouth guard @ all times.
- PLEASE bring your own Water bottle and Wear sunscreen.
- Have FUN playing a GREAT GAME.

The Camp will go Rain or Shine.

Places are limited.

Please return the attached registration form with your payment as soon as possible.

Your child will be considered registered, unless otherwise contacted.

## Refund Policy

Will be considered with written medical verification up to the Friday before the camp starts. No refund will be given after this date. If approved the balance will be refunded, less \$20.00 administration fee. Organizers reserve the right to withdrawal or substitute coaches at their sole discretion. Organizers reserve the right to cancel the entire camp or specific age groups if there are insufficient registrants at their sole discretion: In this case a full refund will be made.



**PLEASE NOTE:** Connie will be away @ the Canada Summer Games in PEI August 14th to 23rd. I will be checking emails when I am able.

# MERALOMA RUGBY

## Super Skills Camp 2009

### Personal Information

Full Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Player's Email \_\_\_\_\_

Parent's Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

BC Care Card # \_\_\_\_\_

School attending in Sept. 09 \_\_\_\_\_

Grade in Sept. 09 \_\_\_\_\_

# of years played rugby? \_\_\_\_\_

### EMERGENCY Contact Name

Mom \_\_\_\_\_

Dad \_\_\_\_\_

other \_\_\_\_\_

### Cell number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Please select T-shirt Size

Youth Small	<input type="checkbox"/>	Youth Medium	<input type="checkbox"/>
Youth Large	<input type="checkbox"/>	Adult X-Small	<input type="checkbox"/>
Adult Small	<input type="checkbox"/>	Adult Medium	<input type="checkbox"/>
Adult Large	<input type="checkbox"/>	Adult X-Large	<input type="checkbox"/>

### Please Select 1 Payment Method

Cash	<input type="checkbox"/>	Cheque	<input type="checkbox"/>
Visa	<input type="checkbox"/>	MasterCard	<input type="checkbox"/>
Visa # _____		MasterCard # _____	
Expiry date _____		Expiry date _____	

### Signature

\_\_\_\_\_