

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

tear here

MERALOMA RUGBY

Supporting Amateur Athletes since 1923



SUPER SKILLS CAMP 2009

Monday Aug 24
to Friday Aug 28
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

Contact Camp Director: Connie McGinley 604-261-9655 or 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
