

Co-Ed Touch Rugby League Sign Up



First Name _____ Last Name _____

Address _____ City, State, Zip _____

Home Phone _____ Work Phone _____

Primary E-mail Address _____

Date of Birth _____ Program Number: 8536

Information: Wednesday, May 29 at 6:30pm open play/informational meeting. At this meeting we will explain the team organization process and answer questions about the league and allow for open play time. All teams are required to have one woman playing on the field at all times. Please bring a light and dark shirt or reversible jersey. Teams will be determined by ability and teammate preference. There will be a minimum of 10 games played over the five week season. Games last approximately 15 minutes. Games begin May 29. Babysitters are provided by Des Moines Rugby.

Cost: \$40.00 per season (sales tax included)

Where: The Rugby Foundation 120 39th St, West Des Moines

Deadline: Wednesday, May 29, 4:00pm

Liability Waiver

In consideration of being allowed to participate in the activities and programs of the City of West Des Moines Parks and Recreation Department, and to use its facilities, equipment or machinery, I, being of legal age, do hereby assume full responsibility for any risk, and waive, release, and forever discharge the City of West Des Moines, its officials and officers, employees, agents and representatives, from any and all liability claims, causes of action, demands, and expenses of every kind which may arise out of or relate to my participation in the activity that is the subject matter of this executed form. I further acknowledge that this release of liability is full and complete, and includes all injuries, damages, losses, known or unknown, which may hereafter develop as related to or arising out of the activity which is the subject matter of this executed form.

Photographic Release: Participants do hereby grant and convey unto the City all right, title, and interest in any and all photographic images and video or audio recordings made by the City during the Participant's Activities with the City, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

It is understood that all participants agree to abide by all applicable local, state, and federal laws, rules, and regulations, and that any participants in violation of any such laws, rules, and regulations, may be removed from the premises and/or banned from participation without prior notice.

Signature Date

For office use only: Date Received _____ Received By _____ Fees Collected _____ Date Inputted _____

Time Received _____ Check From _____ Check # _____ Inputted By _____

<p>Circle One</p> <p>MasterCard Discover Visa</p>	<p>----- Credit Card Number</p>	<p>_____ Last 3 #'s on back of card</p>
	<p>_____ Printed Name</p>	<p>_____ Signature</p>
		<p>_____ Exp. Date</p>