



BALTIMORE FLAMINGOS RUGBY FOOTBALL CLUB

Please note: This form must be submitted to the BFRFC prior to the athlete participating in any organized rugby athletic event.

2017/2018 BFRFC Participant Application and Consent Form

Last Name	First Name	Middle Name
Nickname / Preferred Name	Preferred Pronoun	Date of Birth
Address		City State, Zip
Home Phone	Mobile Phone	Social Media Accounts:
E-MAIL		
Height (feet-inches)	Weight (lbs)	
Previous Athletic Experience		
Previous Rugby Experience	Emergency Contact Name	
Preferred Rugby Position	Emergency Contact Phone	

Please initial:

_____ I understand that any physical activity, including rugby, can result in minor or major injuries. It is advisable you speak with a medical professional about your ability to participate in said activities.

_____ I understand that to participate in physical activity I must have an active CIPP registration with USARugby.

_____ I agree to support the mission of Baltimore Flamingos Rugby Football Club as well as follow all policy & procedures of the club. BFRFC is governed by bylaws, I understand I have the right to review those bylaws.

_____ I agree that I may have photo/video taken related to participation, I grant permission for use of my photograph for the general benefit of the team including in publications and web based promotion without consideration or compensation.

_____ I agree to pay seasonal/annual dues. This allows for full membership in good standing, which entitles me to a vote on club matters presented to the general membership. If I am unable to pay, I understand that my membership could be approved by the Board upon individual request. Please review the Bylaws.

_____ I understand that this application and all personal information will be kept secured to the best of BFRFC ability. I agree to hold harmless the BFRFC and any individual member related to maintaining these records.

Sign

Date

Membership Approved: YES NO note: _____
 Paid Amount: _____
 Season: _____
 USA Rugby CIPP Number: _____