



ROOKIE RUGBY CAMP

2019 Player Registration Form

Internal Only

Pmt Rcvd _____

Player's Name: _____

Age: _____ Grade & School: _____ T-shirt size (youth): _____

Significant Medical History:

None or describe: _____

Allergies:

None or describe: _____

Parent/Guardian Name(s): _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email address (for TeamSnap communications): _____

Emergency Contact:

Name: _____

Emergency Contact Phone Number: _____

COST: \$70 per player / (\$140 max per family/siblings)

PAYMENT: *Please make checks payable to "DRFC"*

**Payment Due by
May 31st**

Please send player registration form and payment to:

Downingtown Rugby Club
c/o John Ahern
508 Newcomen Road
Exton, PA 19341

Questions??? – Please contact John at johnahern.drfc@gmail.com