

USF Rugby

Name: _____

E-mail: _____

Telephone #: _____

Date of Birth: _____

Student ID #: _____ **Copy:**

CIPP #: _____

Health Insurance: _____ **Copy:**

USF Waiver

USA Rugby Waiver

USF Code of Conduct

IRB Rugby Ready

Specific Health Issues & Medication: _____

Emergency contact name and telephone: _____

Equipment Required:

Mouth guard

Ankle strapping

Rugby Shorts (2 pairs)

Rugby Socks (2 pairs)

Rugby boots

At EVERY practice AND at EVERY match: WATER &/or Electrolyte Replacement