

# 2016 Madison United Youth Flag Rugby Registration Form

PLEASE PRINT

## Player

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

City, Zip \_\_\_\_\_ Fall 2016 grade \_\_\_\_\_

## Community Recreation Department (check one)

Middleton \_\_\_\_\_ Madison \_\_\_\_\_ Verona \_\_\_\_\_ McFarland \_\_\_\_\_ Stoughton \_\_\_\_\_ Cottage Grove \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

\_\_\_\_\_

Phone Number(s) \_\_\_\_\_

E-mail address(es) \_\_\_\_\_

**T-Shirt Size:** (circle one) (Youth) M L (Adult) S M L XL

## Medical Information

Please indicate if your child has any medical conditions or emergency medications we should know about. If necessary, include written instructions.

\_\_\_\_\_

\_\_\_\_\_

## Scholarships

Scholarships are available. Please briefly explain your situation and we will confirm scholarship via e-mail or phone.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Questions? 608.320.3447 (leave a message) or [bhill@rugbymadison.org](mailto:bhill@rugbymadison.org)

Enclose: Registration Form \_\_\_\_\_ Waiver Form \_\_\_\_\_ \$25 Check (to MU Rugby) \_\_\_\_\_

Madison United Rugby PO Box 45598 Madison, WI 53744