



# Wisconsin U-19 Select Side

## 2007 Information

**General Information:** The Wisconsin Rugby Football Union is seeking U-19 elite level players to represent Wisconsin in the Union Rocky Mountain U-19 Challenge on June 16 & 17, 2007 in Denver, CO. The Wisconsin U-19 Select Side has a proven track record of success on the pitch and as a path to the US U-19 National Team. This tournament is the premier U-19 event in the US and is attended by coaches and selectors from the U-19 National Team.

Interested players must fill out the attached forms and bring in their completed and parent-signed registration forms with them to the April 28/29 selection camp. **Direct questions to: Jeff Schraml (jschraml@c21affiliated.com, (608) 223-2746).**

### Player Eligibility & Requirements to play in Colorado:

- **Players must be born in 1988 or later to try out for the Team.**
- Players must be registered with and playing for a H.S. club in Wisconsin to try out.
- Players must have parental permission & medical release forms completed to try out.
- Players must have at least \$100,000 of their own medical insurance coverage.
- **Selected players** must be enrolled in USARFU CIPP for 2007. (Go to [www.usarugby.org](http://www.usarugby.org) to register online and pay the \$20/annual CIPP fee.)
- **Selected players** must be available to travel to Denver from June 12-17, 2006.
- **Selected players** must have an email address they have access to each day to maintain info.
- **Selected players** fees are expected to be \$640.00/player. This covers team clothing/equipment, housing, most food, transportation, tournament fee and other items as needed. (Some scholarships may be available to those unable to pay.)
- **Selected players** can sell as many raffle tickets at \$5.00/ea to help cover the costs. Final costs and fundraising details will be available prior to the camp.

### BADGERLAND and WISHNEW Selection Camps Information:

- SATURDAY APRIL 28, 2007 in Hartland at Nagawaukee Park-BADGERLAND
- SUNDAY APRIL 29, 2007 in Fond du Lac at the UW Fond du Lac Campus-WISHNEW
- Registration begins at 8:15 am. Tryouts start promptly at 9:00 am.
- All required registration forms must be completed & signed by parents if under 18 yrs of age.
- Attendance at ONE camp is mandatory for selection, however if needed, more players may be added from the HS championship game as well. 30 players will be selected for the squad.
- An independent selection panel will evaluate participants during rugby drills and controlled scrimmages. Scrimmages will be full contact. Bring rugby gear. **A mouthguard is required.**
- **Fitness testing will be done at the camp. Bring running shoes.**
- These camps are for elite player selection and **are not a skills development camp.**

### Other Events:

**June 3, 2007 10am-2pm Practice and Game vs. tbd**

**June 10, 2007 11am-4pm Wis U19 vs. Ill U19 in Madison, food/banquet to follow**



# Wisconsin U-19 Select Side Rugby

2007 Player Registration Form

Name: \_\_\_\_\_ City&School/Club: \_\_\_\_\_

**Mailing Address**

\_\_\_\_\_  
City State ZIP Code US Citizen: Yes No

( ) \_\_\_\_\_  
Home Phone Alternate Phone

\_\_\_\_\_  
PLAYER EMAIL ADDRESS REQUIRED

\_\_\_\_\_  
PARENT EMAIL ADDRESS REQUIRED

D.O.B.: \_\_\_/\_\_\_/\_\_\_ Ht:\_\_\_ Wt:\_\_\_ Yrs. Exp.:\_\_\_ CIPP#:\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

Player allergies, medicines or medical conditions: \_\_\_\_\_

**Please number the top three positions you would like to be considered for (1-3)**

\_\_\_ Loose Head \_\_\_ Lock \_\_\_ Scrumhalf \_\_\_ Outside Center  
\_\_\_ Tight Head \_\_\_ 8-Man \_\_\_ Flyhalf \_\_\_ Wing  
\_\_\_ Hooker \_\_\_ Flanker \_\_\_ Inside Center \_\_\_ Fullback

**Please bring completed forms with required parental signatures (all pages) to tryout camp April 28/29**

**Players making the 2007 team will be required:**

- 1.) to pay approximately \$640/player fees covering travel, food & lodging costs of Colorado trip. (Some scholarships may be available for those unable to pay.)
- 2.) Players can sell as many \$5.00/ea raffle tickets for fundraising remaining costs.



# Wisconsin U-19 Select Side Rugby

## WAIVER AND RELEASE OF LIABILITY AND ASSUMPTION OF RISK

In consideration of me being allowed to participate in any way in the Wisconsin U-19 Select Rugby activities, I agree:

1. I understand dangers may be caused by my own actions, or inaction's, the actions or inaction's of others participating in the Wisconsin U-19 Select Side Rugby activities. I understand the nature of the Wisconsin U-19 Select Side Rugby activities and acknowledge my experience and capabilities and believe I am qualified to participate in such activities. I further acknowledge that I am aware that the activities will be conducted in facilities open to the public during the activities. I further agree and warrant that if, at any time, I believe conditions to be unsafe, I will immediately discontinue further participation in the activities.

2. I fully understand that: (a) Wisconsin U-19 Select Side Rugby activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis, and death, ("Risks"); (b) these Risks may be present in the activities or due to the negligence of the releasees named below; (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES incurred as a result of my participation in the activities.

3. I hereby release, discharge, covenant not to sue and agree to hold harmless the Wisconsin Rugby Football Union, Wisconsin U-19 Select Side management, their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the activities take place (each considered one of the "Releasees" herein) from all liability, claims, demands, losses, or damages on account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, I, or anyone on my behalf makes a claim against any of the Releasees named above, **I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.**

**4. I AFFIRM THAT I HAVE A PERSONAL MEDIAL INSURANCE POLICY WITH LIMITS OF A MINIMUM OF \$100,000.    YES    NO**

**I understand that I am ineligible to play and that I have an affirmative responsibility to withdraw from competition if said policy is not presently in good standing.**

**I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND IT'S TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY THE LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THAT THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.**

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

***If participant is less than 18 years of age, a signature of parent or legal guardian is required.***

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



# Wisconsin U-19 Select Side Rugby

## Authorization To Consent To Medical Treatment For Minor

I (we), \_\_\_\_\_ and \_\_\_\_\_ do hereby state  
that I am (we are) the natural parent(s) (legal guardian(s)) having legal custody of  
\_\_\_\_\_ a minor, age \_\_\_\_\_, born \_\_\_\_\_, 19\_\_\_\_\_.

In connection with my (our) son's or participation in Wisconsin U-19 Select Side Rugby, I (we) authorize any accompanying adult to bring my (our) son to a licensed medical treatment facility. If I (we) cannot be reached, I (we) consent to any emergency x-ray, examination, anesthetic, medical or surgical diagnosis or treatment as may be immediately needed or needed to stabilize the patient's condition. Valid April 28, 2007 - August 31, 2007, inclusive.

I (we) understand that I (we) are responsible for providing adequate medical insurance for the player and assume all liabilities and expenses for any necessary treatment. I (we) waive all claims against the above accompanying adult, in connection with the decision to seek care for the player.

(X) \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian 1 Signature)

(X) \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian 2 Signature)