**Central Coast- Rugby Football Club**

**Official Player Contract**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby agree to play Division III Men’s Rugby

For **Central Coast Rugby Football Union** Of the

California- Northern California Rugby Football Union.

By signing this contract, I and my parents(s) or legal guardians(s) hereby agree to play for the aforementioned team and agree to comply with all rules and regulations of USA Rugby and enforced by California-NCRFU and said club. I certify that all information provided in this contract is true and accurate. I further certify that I am not to request compensation, direct or indirect, monetary or material, for play for stated team. In consideration of acceptance of this contract and permission to play for the stated team for the current season, I hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I have against said team. California- NCRFU and their officers, USARugby and their officers, and all member associations for any and all injuries suffered by me in games and practices for the stated team until formal request for release is made and granted. I further understand that I cannot sign a contract or play for said stated team until I have satisfied all obligations (financial, equipment, registration) to the team with which this contract is signed.

**This contract will remain in effect for the current Rugby season and all future Rugby seasons unless I request a release through the officers of the Central Coast Rugby Football Club and is granted; or I am officially released by the team; or my team disbands from the NCRFU.**

**Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_( MM/DD/YY) Signed :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**( PLAYER)

**Registration Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_( Street)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (City, state, zip)

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**( Name)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Relation)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Phone)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Address)