



Bearden Boys Rugby
Player Contact Information

Player's Name

Players Address

City

State

TN

Zip

BHS ID #

Player's Cell

Player's Email

Date of Birth

Parents / Guardians

Emergency Contact Information

Contact 1 (parent / guardian)

Name

Relationship

Home Phone

Cell Phone

Email

Contact 2 (parent / guardian)

Name

Relationship

Home Phone

Cell Phone

Email

Please give details of any medical conditions.

(this includes any orthopedic injuries, allergies, breathing or heart conditions, head injuries or concussions, seizures, special equipment or medication needs, or other conditions or concerns your coaches and league officials should know about)

Parent / Guardian Signature

Date