



MRS Application Form 2016

Name of Student	(M · F)	
Address	〒 Phone No. ()	
Date of Birth	Month _____ Day _____ Year _____ (Age)	
School	School Name: Grade: (April 2 nd , 2016)	
Health Concerns	NO YES: Please list and briefly explain your child's main health concerns	
Name of Parent/Guardian		
Emergency Contact	Mobile Phone ()	Mail Address @

Terms and Conditions

1. I shall participate actively to the MRS activities including but not limited to practice, game, and rugby camp.
2. I shall always follow the instruction of the coaches.
3. I shall enroll the MRS specified insurance plan.
4. I shall purchase MRS student jersey, socks and head gear in a timely manner.
5. I shall receive compensation in the range of above insurance , regardless the responsibility of the MRS's coach.

By signing this form, I agree to all of the Terms and Conditions above.

Signature(Parents): _____

Date: _____