

Note: Please pay fee at City Office with check, cash, or debit card.

**Enoch City**  
**TOUCH RUGBY REGISTRATION 2022**

Kindergarten through 5<sup>th</sup> Grades

Childs Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Address: \_\_\_\_\_

Subdivision: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I would like to coach \_\_\_\_\_ or help coach \_\_\_\_\_

Registration: \$20 paid \_\_\_\_\_

(Includes a rugby ball)

(See next page for consent and release agreement)

**ENOCH CITY CORPORATION**  
**INFORMED CONSENT AND RELEASE AGREEMENT**

WHEREAS, \_\_\_\_\_, the participant, and \_\_\_\_\_, the undersigned parent or legal guardian, having legal custody of said participant desire to have said participant engage in the above referenced program;

WHEREAS, such participant and the parent or legal guardian hereby acknowledge that there are risks associated with said activity; and

WHEREAS, said participant and the parent or legal guardian, being aware of such risks, liability and responsibility for personal injury or property damage that may arise or occur by reason of such participation by participant; and

WHEREAS, the individual signatory of this INFORMED CONSENT AND RELEASE AGREEMENT signing as the parent or legal guardian has power and authority to execute the same in that capacity on behalf of said participant;

NOW THEREFORE, in consideration of the right and privilege to participate in the above referenced program, the participant and undersigned parent or legal guardian, individually and for and in behalf of any group per entity represented, hereby RELEASE AND HOLD HARMLESS Enoch City Corporation, its employees and assigns from any liability from personal injury or property damage or any loss whatsoever that may arise by such participation or related activities of any kind or nature whatsoever and hereby assume the risk and responsibility of such participation.

FURTHER, the participant and undersigned parent or legal guardian, hereby consent to medical treatment being rendered to the participant in the event of person injury. In case of personal injury, please contact:

(Physician's Name) \_\_\_\_\_ Phone \_\_\_\_\_

Participant's medical coverage or plan is \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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Signature of parent or legal guardian