



# KERN YOUTH RUGBY CLINIC CHECK IN SHEET



**CLINIC DATE:** (CIRCLE ONE) 9/10 10/8 11/5 12/3

## **PLAYER INFO:**

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ PLAYED RUGBY BEFORE?: Y / N

CURRENT SHIRT SIZE: (CIRCLE ONE)

Youth: Small Med. Large XL Adult: Small Med. Large XL

PLAYED OTHER SPORTS?: (PLEASE LIST)

\_\_\_\_\_

## **PARENT INFO:**

NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE #: \_\_\_\_\_

RUGBY KNOWLEDGE LEVEL: (CIRCLE ONE) NONE MEDIUM HIGH

\_\_\_\_\_ WAIVER COMPLETED