



RUGBY PARTICIPANT ROSTER

Club Name _____ Club CIPP # _____

| | PLAYER NAME | CIPP # | PHONE | E-MAIL | SCHOOL |
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Coach/Manager Name _____ Phone (____) _____ Email _____

As the **Club Representative**, I verify that I have checked the eligibility of my players and that each of them are in compliance with the Regulations as set forth by my local governing organization and USA Rugby. I understand that if I am found to be in violation of those regulations my team and I will be subject to strict disciplinary sanctions that may include fines, suspension or forfeit of matches.

 Name (print) Position (i.e. coach, captain) Signature Date