

REGISTRATION FORM

7'S RUGBY MULTIVERSE

2026 + 2027 Junior Boys

Player Details

Date of Birth:

Players Name and Surname:

Year: Month: Day:

Age in 2027:

Parent / Guardian Details

Full Name:

E-Mail:

Cell No (WhatsApp):

Address:

Medical Insurance Details:

Health Cover: Yes ☐ No ☐

Insurance Provider Name:

Health Insurance Plan:

Policy Number:

Policy Holder + Contact Details:

Please attach the following:

1. Proof of health insurance.
2. Proof of Provincial or Territorial Photo ID Card, or birth certificate.



MULTIVERSE
ACADEMY

7'S RUGBY MULTIVERSE CALGARY**PARTICIPANT WAIVER, RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT****Participant Name:** _____**Date of Birth:** _____**Parent/Legal Guardian (if under 18):** _____**Address:** _____**Telephone:** _____**Email:** _____**1. Acknowledgement of Risk**

I acknowledge that participation in rugby sevens and all activities organized by Sevens Rugby Multiverse Calgary involves inherent risks, including but not limited to:

- Physical contact with other participants.
- Falls, collisions and impacts.
- Sprains, strains, fractures and dislocations.
- Head, neck and spinal injuries.
- Concussion.
- Permanent disability or death.
- Risks arising from weather conditions, playing surfaces, equipment and travel to and from activities.

I understand that these risks cannot be completely eliminated.

2. Voluntary Participation

I confirm that I am voluntarily participating in all training sessions, matches, tournaments, camps, fitness activities, travel and any other activities organized by Sevens Rugby Multiverse Calgary.

I declare that I am physically and medically fit to participate and will immediately inform the coaching staff of any injury, illness or medical condition that may affect my ability to participate safely.

3. Medical Treatment

I authorize Sevens Rugby Multiverse Calgary to obtain emergency medical treatment for me should it become necessary.

I understand that I am responsible for any medical, hospital, ambulance or rehabilitation costs not covered by my own insurance or any applicable insurance policy.

4. Release of Liability

To the fullest extent permitted by the laws of Alberta and Canada, I release and discharge Sevens Rugby Multiverse Calgary, its directors, officers, coaches, assistant coaches, trainers, volunteers, employees, contractors, sponsors, venue owners and representatives from any and all claims, demands, actions, causes of action, damages, losses or expenses arising out of or related to my participation in any Sevens Rugby Multiverse Calgary activity, except where prohibited by law.

5. Assumption of Responsibility

I accept full responsibility for my own actions while participating in Sevens Rugby Multiverse Calgary activities.

I agree to follow all instructions given by coaches, referees and officials and to conduct myself in a safe, respectful and sportsmanlike manner.

6. Insurance

I understand that Sevens Rugby Multiverse Calgary recommends that every participant maintain appropriate personal medical and health insurance.

I acknowledge that I am responsible for ensuring that I have adequate medical coverage unless otherwise provided through a separate insurance policy arranged by Sevens Rugby Multiverse Calgary.

7. Code of Conduct

I agree to:

- Respect coaches, officials, teammates, opponents and spectators.
- Comply with all club policies and safety rules.
- Refrain from abusive, violent or discriminatory behaviour.
- Immediately report unsafe conditions or injuries.

Failure to comply may result in disciplinary action, including suspension or removal from the programme.

8. Photography and Media

I grant Sevens Rugby Multiverse Calgary permission to photograph and record me during activities and to use such photographs, videos and recordings for promotional, educational and marketing purposes without compensation.

I understand that my name may be used in connection with such materials unless I notify the organization in writing.

9. Privacy

I consent to Sevens Rugby Multiverse Calgary collecting and storing my personal information for registration, communication, emergency contact, insurance administration and programme management in accordance with applicable Canadian privacy laws.

10. Governing Law

This Agreement shall be governed by and interpreted in accordance with the laws of the Province of Alberta and the applicable laws of Canada.

11. Severability

If any provision of this Agreement is found to be invalid or unenforceable, the remaining provisions shall continue in full force and effect.

12. Acknowledgement

I certify that I have carefully read this Agreement, understand its contents, understand that I am giving up certain legal rights, and sign it freely and voluntarily.

PARTICIPANT

Participant Name: _____

Signature: _____

Date: _____

PARENT OR LEGAL GUARDIAN (Required if Participant is Under 18)

I certify that I am the parent or legal guardian of the above-named participant and consent to their participation under the terms of this Agreement.

Name: _____

Signature: _____

Date: _____

EMERGENCY CONTACT

Name: _____

Relationship: _____

Telephone: _____

Alternative Telephone: _____