



Tempe Old Devils Rugby Football Club

www.temperugby.com

Hotline: (602) 593-9389

1. Print electronically completed form
2. Submit to Club Secretary.

Date:

New Player Profile

General Information:

Name: <input type="text"/>	Profession / Student: <input type="text"/>
Address: <input type="text"/>	D.O.B.: <input type="text"/> Age: <input type="text"/>
Zip/Postal Code: <input type="text"/>	Nationality: <input type="text"/>
State/Province: <input type="text"/>	Education Level: <input type="text"/>
Primary Phone: <input type="text"/>	Alma Mater: <input type="text"/>
Primary Email: <input type="text"/>	

Rugby Profile:

Years of Experience: (experience not required)

Height: **Weight:**

Previous Clubs:

Current CIPP #: (if applicable)

Primary Position:

Secondary Position:

Honors:

Jersey Size: <input type="text"/> (Med - 5XL)	Shorts Size: <input type="text"/> (Med - 2XL)
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Interest (check all that apply):

<input type="checkbox"/> Men's Senior Division	<input type="checkbox"/> Youth (U20)
<input type="checkbox"/> Tempe Summer Seven Program	<input type="checkbox"/> Coaching Staff
<input type="checkbox"/> Administrative / Committee Roles	<input type="checkbox"/> Alumni Members

Health Information:

Insurance Carrier:

Primary Policy Holder's Name:

Policy Number:

Allergies, Medicine, & Medical Conditions:

Emergency Contact Information:

Name:

Relation:

Address:

Primary Number:

Secondary Number:

Primary Email Address:

Additional Information:

How did you hear about us? (check all that apply)

- Temperugby.com
- Tempe Rugby Club Hotline
- Referral (identify below)

- Other (identify below)