Dear parents/guardians,

Your son would like to attend and participate in our game versus the Albuquerque Jr. Varks in Socorro, NM. The cost to be able to participate in this event is $20.00. Transportation and fruit will be covered with this fee. We will leave and return the same day. Please have boys eat a good breakfast. The home team will be providing lunch for our boys.

Players will have to take additional money for food and/snacks if they get hungry on the way over there or back. Or they can take snacks for themselves instead. We will pick up players where we practice at Sunrise Park at 5:30 am on Saturday April 9th and return to Sunrise Park at approximately 8:00 pm on the same day. **If you are in agreement with allowing your son to participate in this event, please sign below and have your son return it to me Friday before we leave.**

Who: El Paso Spartans U-19 R.F.C. & Coach William Barrett.

What: Albuquerque Dukes and Albuquerque Jr. Varks rugby game

When: April 9th 6:00 am – April 9th 8:00 pm

Where: 5000 Balloon Fiesta Pkwy NE, Albuquerque, NM 87113

Please make sure players bring a fitted mouth guard, boots (cleats) and maybe a change of clothes for if they want to change clothes after the match. A pillow would also me a good idea to bring as well as a light jacket and sun block.

The trip will be supervised by me and accompanied by any parents that are willing to go. We will be traveling in my truck and van. For more information please call Coach Barrett: 915-329-3724.

***CUT HERE & RETURN BOTTOM PORTION TO COACH BARRETT*** 🡪------------------------

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent/parents/guardian/guardians of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission to William Barrett, as representative of the El Paso Spartans U-19 R.F.C., to take my son to Albuquerque, NM on April 9th 6:00 am –April 9th 8:00 pm for the purpose of playing & participating in rugby football competition & social activities. We also consent to the representative, Coach Barrett, of the team to administer any medical attention necessary to my child in the event that they should require doing so while under their supervision.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

player’s name (print first and sign last)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

parent’s name (print first and sign)/cel-number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

emergency contact’s name (print) and number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance provider/member number/phone number