# INDOOR 7s RUGBY Winter League



The Belleville Bulldogs will be running a junior indoor 7s rugby league this winter. This league is open to boys and girls from 15 to 18 years of age. This is a *contact* league aimed at improving your ball handling, fitness, and tackling skills.

Where: Loyalist College Dome (284 Wallbridge Loyalist Dome)

Cost: \$40.00 for those players who registered with the Bulldogs in the summer of 2014

# **2015 SCHEDULE**

Date	Time	Division	
Sunday, January 11	6:00 - 7:30 pm 7:30 - 9:00 pm	Boys Girls	
Sunday, January 18	6:00 - 7:30 pm 7:30 - 9:00 pm	Girls Boys	
Sunday, February 8	8:00 - 9:00pm 9:00 - 10:00 pm	Boys Girls	
Sunday, February 22	8:00 - 9:00pm 9:00 - 10:00 pm	Girls Boys	
Sunday, March 1	8:00 - 9:00pm 9:00 - 10:00 pm		
Sunday, March 8	8:00 - 9:00pm 9:00 - 10:00 pm	Girls Boys	

# **REGISTRATION DATES:**

1) Wednesday, November 26

Bayside S.S. - Foyer

2) Thursday, November 27

Centennial S.S. - Foyer

3) Thursday, December 11

Centennial S.S. - Foyer

Registration Deadline: Friday, December 12

### COST:

- 1) Players who registered with the Belleville Bulldogs in the 2014 season:
  - \$40
  - Includes a t-shirt

### **Payment Options**

- 1) Cheque: Made payable to Belleville Bulldogs R.F.C.
  - To be paid at one of the registration nights
- 2) Cash: To be paid at one of the registration nights
- 3) PayPal/Credit Card: Available on the website soon!
- 2) Players who did NOT register with the Belleville Bulldogs in the 2014 season:
  - \$143.61
  - This includes mandatory insurance with Rugby Canada and a t-shirt

### Online Registration Information (only for those who did NOT register in 2014):

- 1) Go to: www.bulldogsrugby.com
- 2) Click the Registration Tab
- **3)** Follow the steps provided.
- 4) \*\*This must be paid with a credit card\*\*

Contact Jo Robinson if you have any questions or concerns.

Phone: (613) 243-4025

Email: bellevillebulldogs@live.com





# INDOOR 7s RUGBY REGISTRATION FORM

			DID YOU I	PLAY Ye	s No
IAME:		BULLDOGS IN 2014?			
LAYER EMAIL:					
ARENT/GUARDIAN NAME	: PHONE:				
ARENT EMAIL:					
DDRESS STREET:					
CITY:	POSTAL CODE:				
	16 Boys 998, 1999)	U18 Boys (1996, 1997)	U15 Girls (1999, 2000, 2001)	U16 Girls (1998, 1999)	U18 Girls (1996, 1997)
	(Pleas	Medical Hi	-		
Health Card Number:					
Allergies:					
Current Medications:					
Previous Head Injuries:					
Previous Serious Injuries/Surgeries:					
Current Conditions:					
I consent to the release of practitioners or athletic th complete disclosure of all knowledge.	erapists assigne	ed to provide medi	ical history by team cal attention to pla	yers. I certify that	this is a
Signature of parent/gua	rdian (or playe	or agod 194)			