EMERGENCY INFORMATION/ MEDICAL RELEASE FORM

First Name: _____ Last Name: _____

Address: _____

City:_____State:_____Zip:_____

Parent/Legal Guardian: _____ Emergency Contact Phone Number: (_____)_____

Date of Birth: _____/_____/_____ Age: _____ American Citizen (Yes/No): _____

In order to compete in rugby, all players **MUST** undergo a physical evaluation and seek health/medical insurance coverage with a requirement of $1000, 000.00 as required by the **WAIVER of LIABILITY and ELIGIBILITY FORM.** Rugby is a contact sport and RISKS **OF SERIOUS INJURY DO EXIST** including permanent disability, paralysis and death; these risks and dangers may be caused by a participant's actions or inaction's, action or inaction's of others in the Activity, or the condition in which the Activity takes place. Emergency information provided by the participant and his/her parent or legal guardian is essential in case of an accident or injury. The signature below confirms that all information provided is complete and accurate.

Parent/Legal Guardian Signature: _____ Date_____/____/____

Athlete Signature: _____ Date ____/_____/_____

MEDICAL EMERGENCY AND INSURANCE INFORMATION

Name of Physician: _____Physician Phone Number: (____)_____

Name/Relation of Emergency Contact: _____Contact Phone Number: (_____)_____

Insurance Provider: _____Group Number: _____

Policy Number: _____ Known Allergic Reactions: _____

Additional Major Medical Concerns: _____

PARENTAL CONSENT AND IDEMNIFICATION AGREEMENT

I, the minor's parent and/or legal guardian authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed by available medical staff and/or a licensed physician when deemed necessary or advisable by appointed representatives in case of my absence. I waive my right of informed consent to such treatment and release from any litigation expenses, attorney fees, loss liability, and damage or cost Releasees may incur as the result of any such claim.

Parent/Legal Guardian Signature: _____ Date: ____/_____/____