



## 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: \_\_\_\_/\_\_\_\_/\_\_\_\_