

MOUNTAIN VISTA/ THUNDERRIDGE RUGBY

EMERGENCY CONTACT

**AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT FOR A MINOR
PLEASE PRINT**

ATHLETES NAME _____ AGE _____ SEX _____

ADDRESS _____

CITY AND ZIP _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____

SCHOOL _____ GRADE _____

E-Mail _____@_____

List two persons to contact in case of Emergency:

PARENT/GUARDIAN _____

ADDRESS _____

CITY AND ZIP _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____

SECOND CONTACT _____

ADDRESS _____

CITY AND ZIP _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____

SCHOOL _____ GRADE _____

Important Information

INSURANCE COMPANY _____ POLICY NUMBER _____

PHYSICIAN'S NAME _____

PHONE _____

ARE YOU ALLERGIC TO ANY DRUGS? _____ IF SO,
WHAT? _____

ALLERGIES, IF ANY? (i.e., bee sting, dust) _____

DO YOU SUFFER FROM ASTHMA? _____ DIABETES?
_____ EPILEPSY? _____

ARE YOU ON MEDICATION? _____ IF SO
WHAT? _____

HAVE YOU HAD ANY CONCUSSIONS? _____ IF SO
WHEN? _____

PREVIOUS INJURIES? _____ IF SO, PLEASE LIST INJURIES AND
WHEN? _____

I, _____ (parent or guardian) of
the city of _____ in the county of _____, Colorado,
do hereby state that I am the natural parent or legal guardian having custody of
_____, a minor, age _____, born
_____, 19_____.

In connection with my child's participation in rugby, I authorize any accompanying adult bringing my child to your treatment facility to consent to any x-ray, examination, anesthetic, medical, or surgical diagnosis or treatment, and hospital care to be rendered to the minor under the general or specific supervision, and on the advice of any physician or surgeon who is licensed to practice when the need for such treatment is immediate and when efforts to contact me are unsuccessful. I understand that I assume all liabilities and expenses for the above. I waive all claims against the above referred to adult, physicians, hospitals, and their employees, ambulatory care, etc. In connection with the decisions for such immediate care.

SIGNED _____ **DATE** _____
PARENT or GUARDIAN

SIGNED _____ **DATE** _____
ATHLETE

CODE OF CONDUCT

As a member of the TEAM NAME Rugby Club I agree to abide by the following code and to promote fair play and sportsmanship at all times towards coaches, teammates, opponents, and match officials. I also understand that I will be responsible for my actions and any consequences resulting from violation of this contract.

1. I realize that as a member of the team, we must all participate in all team practices, matches and meetings. I accept the responsibility of being at practice, on time, for at least 75% of the practice sessions held, and making myself available for all matches, and meetings. I realize this means I have to take responsibility of staying out of trouble in general. I accept that if I do not follow this code, I may not be selected to a starting position for the next match.

2. The use or possession of tobacco, drugs, including steroids, or alcoholic beverages in any form will not be tolerated regardless of quantity. Any violation occurring at any time during the present season will result in a suspension for the rest of the season from the **MOUNTAIN VISTA/ THUNDERRIDGE** Rugby Club and from participating in the Colorado Youth Rugby league.

3. The use of profane language is not acceptable and will not be tolerated. This includes directing language to Opponents, coaches, match officials, and spectators. Violation can result in placement in the "Sin Bin" as instructed by the referee. Repeated offenses will result in my being sent out of the match and reports being sent to the Eastern Rockies Rugby Football Union for disciplinary action including suspension from play.

4. I agree to abide by the rules of play as set forth and explained in the text of the USARugby Handbook and Laws of the Game for the 2007 season. As the laws state in incidents of "foul play" i.e., fighting, taunting, or dangerous play, I will be subject to placement in the "Sin Bin" as instructed by the referee. Repeated offenses will result in my being sent out of the match and reports will be sent to the Eastern Rockies Rugby Football Union for disciplinary action including suspension from play. This Contract is in effect as of the signing date until the culmination of the current season to include playoffs and Championship matches.

AS THE PARENT OF _____, I have read the above rules and I understand that my son/daughter will be governed by these rules as a player for the **MOUNTAIN VISTA/ THUNDERRIDGE** Rugby Club, the Eastern Rockies Rugby Football Union, and USA Rugby.

SIGNED _____ **DATE** _____
PARENT or GUARDIAN

SIGNED _____ **DATE** _____
ATHLETE

Waiver and Release of Liability

By signing this Contact Form the player (if the player is at least 18 years old) or a player's parents/guardians (if the player is less than 18 years old) acknowledge that rugby is a fast paced sport involving vigorous contact among players, during both games and the preparation for games (together hereinafter referred to as "rugby"), and that inherent in rugby are risks of significant physical injury, even paralysis or death. The player and the parents/guardians represent that they ave read this release, understand its meaning, and, in order to participate in rugby, or have their minor children participate in rugby, voluntarily waive their own potential future claims. In consideration for enjoying the benefits of rugby, or for allowing the minor children to enjoy those benefits, the player (if at least 18 years) or the parent/guardian (if the players is less than 18 years) hereby assume all risks associated with participation in rugby, and hereby waive in advance all of their own claims against the Colorado Youth Rugby, **MOUNTAIN VISTA/ THUNDERRIDGE** sponsoring persons and organizations, coaches, officials, other players (on any team), their parents, and the persons owning or providing the space for rugby (hereinafter together referred to as "releases"), and agree to hold harmless and Indemnify the releases regarding any claim belonging to the player (if at least 18 years) or to the parent (if the player is Less than 18 years) premised upon any injury to a player, or to the parent/guardian, caused in whole or in part by any action or inaction by a release (including a release's negligence), in connection with rugby, with travel to or from rugby, or with rugby-oriented social activities sponsored or hosted by a release.

SIGNED _____ **DATE** _____
PARENT or GUARDIAN

SIGNED _____ **DATE** _____
ATHLETE

**Please return this form to Bill Gregg.
If you have questions call Gregg at 303-475-3045.**