

Rutherford Rugby Club

PLAYER _____

Date of Birth _____

ADDRESS _____

CITY, STATE, ZIP _____

Home Phone _____

Cell Phone _____

Players E-mail _____

School _____

Year in School (circle) 4 5 6 7 8 9 10 11 12

Medical insurance company _____ Phone _____

PLEASE GIVE A DETAILS OF ANY MEDICAL CONDITIONS THAT WE SHOULD KNOW ABOUT:

include any orthopedic injuries, allergies, breathing or heart conditions, head injuries or concussions, seizures, special equipment, surgeries and other conditions or concerns your coach or officials should know about

(use back of this form if needed, but explain in detail)

Briefly summarize the organized sports you've participated in:

In case of accident contact _____ Phone _____

WAIVER OF LIABILITY: By signing below it is hereby understood that the participant and their parents or legal guardian recognizes the risks associated with RUGBY. Rugby is a contact sport and certain hazards do prevail. RUGBY is an amateur sport and all participation is voluntary. By signing below all parties involved waives any right to file suit and agrees to hold harmless the members, coaches and officers associated with Tennessee Rugby Association, USA Rugby and any other rugby club or union, which may be associated with the program.

Player Signature & Date

Father Name _____
(or other guardian)

Mother Name _____
(or other guardian)

E-mail _____

E-mail _____

Home phone _____

Home phone _____

Cell phone _____

Cell phone _____

Father Signature & Date

Mother Signature & Date

We encourage parent involvement. Please attend practices and games when possible.

Please include any other parent comments on back