

Rugby Tryout Medical Consent and Waiver

Participant Information

Full Name

Date of Birth

Address

Parent/Guardian Name (if under 18)

Emergency Contact Name

Emergency Contact Phone

Medical Information

List any allergies

List any medications currently being taken

Relevant medical conditions

Health Insurance Provider

Policy Number

Primary Physician Name

Physician Phone

Consent and Waiver

I hereby consent to participate (or allow my child to participate) in the rugby tryouts. I understand that rugby is a physically demanding sport and there are inherent risks of injury. I affirm that the above medical information is accurate and complete to the best of my knowledge.

I authorize the coaching staff and medical personnel to administer first aid treatment and, if necessary, to arrange for medical care in the event of an emergency. I waive and release the organizers from any liability arising from participation in the tryouts, except where caused by their gross negligence or willful misconduct.

Participant/Parent/Guardian Signature

Date