



## EMERGENCY - MEDICAL CONSENT TO TREATMENT FOR A MINOR

PLAYERS NAME \_\_\_\_\_ AGE \_\_\_\_\_ Gender \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ HT \_\_\_\_\_ WT \_\_\_\_\_ Jersey size \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY AND ZIP \_\_\_\_\_

PHONE(S) \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

**List two persons to contact in case of emergency:**

PARENT/GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY AND ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

SECOND CONTACT \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

**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? \_\_\_\_\_

**ANY PLAYER WHO HAS HAD A CONCUSSION IN THE LAST 3 YEARS MUST HAVE A DOCTOR'S WRITTEN CLEARANCE TO PLAY, BEFORE CONTACT PRACTICE OR MATCH PLAY WILL BE ALLOWED**

PREVIOUS INJURIES? \_\_\_\_\_ IF SO, PLEASE LIST INJURIES AND WHEN? \_\_\_\_\_

I, \_\_\_\_\_ (parent or guardian) of the city of \_\_\_\_\_ in the county of \_\_\_\_\_, New Mexico, 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

SEE OTHER SIDE

# CODE OF CONDUCT

As a member of a High School /Youth 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 game officials. I also understand that I will be responsible for my actions and any consequences resulting from violation of this code.

1. I realize that High School Rugby is not affiliated with APS High Schools but that nonetheless my and our behavior will reflect on my club, my family and my community. I will honor that responsibility both on and off the field of play.
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 may result in a suspension for the rest of the season from the High School/Youth Rugby program and from participating in the Albuquerque Youth Rugby United league or the Touch Rugby Youth league.
3. The use of profane language is not acceptable and will not be tolerated. This includes directing language to opponents, coaches, game 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 Rio Grande 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 USARFU Handbook and Laws of the Game for the 2004 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 Rio Grande Rugby Football Union for disciplinary action including suspension from play.

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 member for the High School/ Youth Rugby Club, the Rio Grande Rugby Football Union, and USA Rugby.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
PARENT or GUARDIAN

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
ATHLETE

## Waiver and Release of Liability

By signing this form both the athlete and parent/guardian 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 athlete and parent/guardian represent that they have read this release, understand it's meaning, and in order to participate in rugby, voluntarily waive potential future claims. In consideration for allowing the athlete to participate in rugby and to seek the benefits of rugby, the athlete and the parent/guardian hereby assume all risks associated with participation in rugby, and hereby waive in advance all claims against USA Rugby and all subsidiary Unions and member clubs, including **High School Rugby Clubs**, Youth Rugby Clubs, sponsoring persons and organizations, coaches, officials, other players (on any team), their parents, and the persons owning or providing the space for rugby (hereinafter "releasees"), and agree to hold harmless and indemnify the releasees regarding any claim premised upon any injury to the athlete (or athlete's death), or to the parent/guardian, caused in whole or in part by any action or inaction by a releasee (including a releasee's negligence), in connection with rugby, with travel to or from rugby, or with rugby-oriented social activities sponsored or hosted by a releasee.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
PARENT or GUARDIAN

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
ATHLETE