





**PLAYER MEDICAL AND EMERGENCY  
INFORMATION**

PLAYER'S NAME.....

HOME ADDRESS.....

HOME TELEPHONE NUMBER.....

CELL PHONE NUMBER.....

PERSON TO CONTACT IN CASE OF EMERGENCY.....

RELATIONSHIP.....

SECONDARY CONTACT NAME.....

SECONDARY CONTACT TELEPHONE.....

MEDICAL INSURANCE NAME.....

MEDICAL INSURANCE NUMBER.....

DOCTOR'S NAME.....

DOCTOR'S TELEPHONE NUMBER.....

ALLERGIES.....

.....

ANY OTHER MEDICAL INFORMATION.....

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.....

Parent /Guardian signature

.....

Date



My minor child/ward \_\_\_\_\_ is allowed to participate in all activities organized by Fullerton Youth Rugby Foundation.

I understand my child will attend practice, travel with, and play for Fullerton Youth Rugby. I also understand that while playing Non-Contact and/or Full Contact (tackle) Rugby, myself, spouse, and child, knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my child's participation; and

The player has medical insurance in case of injury and/or emergency. I hereby grant representatives from Fullerton Youth Rugby to act for me pursuant to their best judgement in any emergency requiring medical attention. I hereby waive and release Fullerton Youth Rugby, and any of its staff members from liability to, or injuries, disability, or death, while part of this program.

I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will immediately remove my child from participation and bring such attention to the nearest official immediately. I understand that it is mandatory for my child to wear a mouth guard while on the field, and that it is his/her responsibility to do so; and

I agree to abide by any disciplinary decisions made by the Head Coach, Assistant Coaches, Referee, Advisory Board, official, or Disciplinary Committee.

I have read this release of liability and assumption of risk agreement, fully understand its terms, and sign it freely and voluntarily without any inducement.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Print name)

Date signed \_\_\_\_\_

**UNDERSTANDING OR RISK**

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

\_\_\_\_\_  
(Participant signature)

\_\_\_\_\_  
(Print name)

Date signed \_\_\_\_\_