



**USA RUGBY-NCHSRA
ACKNOWLEDGEMENT, WAIVER AND
RELEASE FROM LIABILITY AGREEMENT**



Rugby is an impact sport, similar to football, in that players use their bodies to tackle, and compete for the ball. Rugby is a high-risk sport where physical contact can, and does produce injuries. **Injury risks include, but are not limited to:**

- Injuries resulting from contact with the playing surface and / or other participants.
- Personal health problems, physical conditions, or other areas of concern. Including, but not limited to, insufficient health, physical condition, heart, back, muscular or any other condition noted or not recognized in the required physical examination.
- Negligence of other participants, visitors, or persons who may be present.
- Heat-related illnesses, such as dehydration, heat exhaustion and heat stroke.
- Connective tissue injuries to ligaments, tendons and cartilage.
- Head injuries, including concussions, abrasions, broken facial bones and teeth.
- Risk of major joint injuries to the shoulders, back and neck, knees and ankles.
- Organ damage due to physical contact with an opponent or the ground.
- Critical injuries, potentially resulting in paralysis and death.

The undersigned states:

1. To the best of my knowledge and belief, I am eligible under USA Rugby Guidelines (CIPP registered) to participate in any USA Rugby-NCHSRA Age Grade event.
2. To the best of my knowledge and belief, I am eligible to participate in any USA Rugby-NCHSRA Age Grade event and am in good standing within my local area union.
3. I specifically state that I possess medical insurance coverage of \$100,000.00 or more.
4. I agree to abide by all rules and regulations applicable to the event imposed by the International Rugby Board, USA Rugby, and the local host.
5. I am a participant in a USA Rugby sanctioned event and will conduct myself in an appropriate manner.
6. I am aware that I may lose my privilege to participate in a USA Rugby Age Grade assembly in the event of any violation of the above-mentioned statements.
7. I am aware participation in any USA Rugby-NCHSRA Age Grade event risks injury, permanent disability, social and economic loss, and even death.

I release, waive, discharge, and covenant not to sue USA Rugby, its Territorial and Local Area Union, referee associations, affiliated clubs, their respective administrators, directors, agents, coaches, referees, and other employees of the organizations, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessees of premises to conduct the camp, all of which hereinafter, referred to as “releases”, from demands, losses or damages on account of injury, including death or damage to property caused or alleged to be caused in whole or part by negligence of the release of otherwise.

As a participant, and parent and/or guardian I acknowledge that I have been warned that the above named injuries can occur. I also understand the above list is not inclusive of all possible risks associated with practicing, traveling to and from games, as well as playing the game of rugby. Other unknown and unanticipated risks may result in injury, illness and death.

With full knowledge and understanding that rugby is a high-risk sport I grant permission for my son,
_____ **to participate in any USA – NCHSRA Rugby Age Grade event.**

Parent/ Guardian Signature

Printed Name

Date

Student Participant Signature

Printed Name

Date



USA RUGBY – NCHSRA HEALTH AND MEDICAL RECORD

Write legibly and fill in all fields. MAKE COPIES FOR YOURSELF. Return Originals.



I. IDENTIFICATION

Name _____
Last First Middle Date of Birth (MM/DD/YYYY) Age

Address _____

City _____ State _____ Zip Code _____

Health/Accident Insurance Company _____ Policy Number _____

IN CASE OF EMERGENCY:

Name _____ Relationship _____

Address _____

City _____ State _____ Zip Code _____

Home Phone (____) _____ Business Phone (____) _____ ext _____ Cell Phone (____) _____

II. EMERGENCY MEDICAL INFORMATION

Has or is subject to: (If yes explain below.)

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Attention Deficit Hyperactivity Disorder	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Asthma	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Contact Lenses
<input type="checkbox"/>	<input type="checkbox"/>	Bleeding Disorders	<input type="checkbox"/>	<input type="checkbox"/>	Dentures	<input type="checkbox"/>	<input type="checkbox"/>	Heart Trouble
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	Fainting Spells
<input type="checkbox"/>	<input type="checkbox"/>	Any condition that may require special care, medication or diet	<input type="checkbox"/>	<input type="checkbox"/>	Concussions	<input type="checkbox"/>	<input type="checkbox"/>	Convulsions
<input type="checkbox"/>	<input type="checkbox"/>	Allergy to a medicine, food, plant, animal or insect toxin						

EXPLAIN: _____

III. IMMUNIZATIONS

If immunized, check the box and put the year of the immunization. If had disease, put "D" and the year of the disease.

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date _____	Diphtheria	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date _____	Influenza	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date _____	Mumps
<input type="checkbox"/>	<input type="checkbox"/>	_____	Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	_____	Polio	<input type="checkbox"/>	<input type="checkbox"/>	_____	Hepatitis A
<input type="checkbox"/>	<input type="checkbox"/>	_____	Measles	<input type="checkbox"/>	<input type="checkbox"/>	_____	Rubella	<input type="checkbox"/>	<input type="checkbox"/>	_____	Hepatitis B

IV. MEDICAL HISTORY

Be sure to include any emergency information and restrictions or special care that should be observed. Especially be sure to record any injuries, illness, surgery or significant changes in condition of health of applicant since last complete examination.

Are you aware of any current health problems? Yes No

Has there been any surgery, injury, illness, allergy, or change in health status since last complete physical examination? Yes No

Is there history or current disease or problem regarding: (for any "yes" answers give dates and full details below.)

	Yes	No	Year	Explain		Yes	No	Year	Explain
Serious illness	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Stomach, bowels	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Serious injury	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Deformity	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Kidneys or urine	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Surgery	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Albumin	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Skin, glands	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Sugar	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Ears, Eyes	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Infection	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Nose, sinus	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Hernia (rupture)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Teeth, tonsils	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Back, limb, joints	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Dentures	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Sleepwalking	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Bridge	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Nervous condition	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Chest, lungs	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Attention Deficit Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Heart	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Seizure	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____



USA RUGBY HEALTH AND MEDICAL RECORD

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V. SPORT SPECIFIC INJURIES

Include type of injury, date and if hospitalization or surgery was required.

	Year	Explain
HEAD		
Concussions	Yes No	_____
_____	_____	_____
_____	_____	_____
SPINE		
	Yes No	_____
_____	_____	_____
_____	_____	_____
SHOULDERS		
	Yes No	_____
_____	_____	_____
_____	_____	_____
KNEES		
	Yes No	_____
_____	_____	_____
_____	_____	_____
ANKLES		
	Yes No	_____
_____	_____	_____
_____	_____	_____
OTHER: Skeletal connective tissue (tendon injuries)		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

VI. PARENTAL OR ADULT PARTICIPATION STATEMENT

Has it ever been necessary to restrict the athlete's activities for medical reasons? Yes No

If yes, EXPLAIN _____

Does the athlete take medicine (prescription or over the counter) on a regular basis? Yes No

If yes, please list in detail:

Drug	Dosage	Route (Example: Oral, injection, etc)	Frequency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

To the best of my knowledge, the information in sections I, II, III, IV, and V is accurate and complete. I give my permission for full participation in the USA Rugby - NCHSRA Age Grade Assemblies, subject to the limitations noted herein. In the event of illness or accident in the course of such activity, I request that measures be initiated without delay as judgment of medical personnel dictates.

Parent or guardian must sign if athlete is under 18:

Parent or guardian _____ Date signed _____

Athlete's signature _____ Date signed _____