

Alameda Island Rugby Club Membership Form

CONTACT INFO

(Please Print)

Last Name _____ First Name _____

Address: _____ Apt: _____

City: _____ Zip Code: _____ E-mail: _____

Home Phone #: _____ Player's Cell Phone #: _____

Birthdate: _____ Grade: _____ School Name: _____

Mother's Name: _____ Cell Phone #: _____

Father's Name: _____ Cell Phone #: _____

MEDICAL INFO

Medical Provider: _____ Medical Number: _____

Known Allergies: _____ Other Info: _____

Emergency Contact (other than parent): _____ Phone # _____

EMERGENCY MEDICAL AUTHORIZATION: I as parent/guardian of said candidate/minor (Identified above) do hereby authorize and direct the said association to act as agent for me, to consent to and obtain medical, surgical, dental treatment and/or examination for said minor in case of illness or injury occurring from participation in any activities of the Association and/or conference. I do hereby consent to any x-ray, examination, anesthesia, medical, surgical, or dental treatment that is considered necessary by the attending physician or dentist. I understand that in an emergency, reasonable efforts will be made to notify me.

Parent/Guardian Signature

Date

PHOTOGRAPHS AND CONSENT TO PLAY:

_____(Please initial) I give permission to Alameda Island Rugby Club to use photographs of my child on their website and other publications.

I hereby give my parental consent for my (son/daughter) to play RUGBY for the Alameda Island Rugby Club.

Parent/Guardian Signature

Date

ATTENTION! READ THE FOLLOWING BEFORE ACCEPTING!!
ASSUMPTION OF RISK, ACKNOWLEDGEMENT OF MEDICAL INSURANCE,
WAIVER AND RELEASE OF LIABILITY, AND RELEASE FOR USA RUGBY.

**WAIVER & RELEASE, ASSUMPTION OF RISK AND
PARENTAL INDEMNIFICATION**

In consideration of me being permitted to participate in any way in USA Rugby, it's member unions, Clubs, organizations and individuals sponsored Activities ("Activity"), I agree:

1. I understand the nature/dangers of USA Rugby activities and believe that I am qualified to participate in such Activity. I further acknowledge that I am aware the activity will be conducted in facilities open to the public during the Activity. I further agree/warrant that if at any time I believe conditions to be unsafe, I will immediately cease further participation in the Activity.
2. **I FULLY UNDERSTAND that: (a) USA RUGBY Activities involve risks and dangers of SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("Risks"); (b) these Risks and dangers may be caused by my own actions, or inaction's, the actions or inaction's of others participating in the Activity, the condition in which the Activity takes place. Or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS AND DAMAGES incurred as a result of my Participation in the Activity.**
3. **I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS USA RUGBY, their member unions, territorial unions, clubs, respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place (each considered one of the "Releasees" herein) from all liability, claims demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, I or anyone on my behalf makes a claim against any of the Releasees named above, I WILL INDEMNIFY, SAVE AND HOLD ATTORNEY FEES, LOSS LIABILITY, DAMAGE OR COSTS ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.**

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND IT'S TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF SHALL CONTINUE IN FULL FORCE AND EFFECT.

Signature

Printed Name

Date

PARENTAL CONSENT AND INDEMNIFICATION AGREEMENT

I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such "activity". I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage or cost any Releasees may incur as the result of any such claims.

Signature

Printed Name

Date

Parents,

We are in need of your help!! This program needs parental support if we want it to succeed!! We are in need of parents to help out at every game. If you can help out in one or more of the suggestions below, please sign the bottom and write in the comment area what you would like to help out with. It will greatly be appreciated!!! If you have any questions, please call Coach, Bill DeMar at 520-0664.

- 1) We are in need of Parent Coordinators, someone who can contact parents and organize rides to away games and Home Game BBQ's for Both Teams.
- 2) We need parents to sign up for BBQ duty throughout the season and have it all planned out once our schedule is complete.
- 3) We are in need of parents to coordinate and form a group that will help support the program for years to come.
- 4) We need help providing transportation to and from away games.
- 5) We will have to have parent support if we want to plan a tour. Planning, transportation, chaperones, etc.
- 6) We need a parent to film the games for the coaches to review right away.
- 7) We are in need of parents to organize a Fundraiser.

Parents
Name _____

Player's
Name _____

Phone # _____

Comments: _____

Alameda Island Rugby Club

Code of Conduct

Alameda Island Rugby Club wishes to make all parents and spectators aware of the Code of Conduct subscribed by the CIF, the NCS, Alameda Island Rugby Club, our league (ACCAL), and the participating high schools in the Alameda Unified School District.

Spectators are expected to conduct themselves in a manner which shall bring credit to themselves their schools, communities, athletes, coaches, and families. They shall refrain from all conduct which tends to degrade, bait, intimidate, or otherwise discredits their opponents, officials, or interscholastic high school athletics.
Specifically, spectators....

- Shall maintain a high degree of sportsmanship before, during, and after athletic contests;
- Shall remain in the designated seating areas while a contest is in progress;
- Shall refrain from entering the playing field;
- Shall refrain from confronting an official, coach, coaching staff, school official, or player before, during, and after athletic contests;
- Shall be responsible to directives from administrative or site supervisors.

Alameda Island Rugby Club emphasizes positive support for the players and coaches from the spectators. Positive, encouraging remarks to the players go a long way in helping the morale of the teams and the self-esteem of the athletes.

Spectators must remember that any actions detrimental to the playing of a game or contest may cause forfeiture of the contest and/or other penalties. Booing of the officials **will not be tolerated**. Alameda Island Rugby Club reserves the right to remove any person who is in violation of the expressed standards of conduct and refuse admission to future contests. Also, it is your responsibility to encourage friends and family attending the contest to abide by the AIRC Code of Conduct.

Refer to the Encinal or Alameda High School Student and Parent Handbook for additional information.

This form must be signed and returned to the Alameda Island Rugby Club.

I have read the above statement on the expected behavior at athletic events and agree to the Code of Conduct indicated. I further agree to advise anyone I may bring to a rugby game or tournament of the above stated rules.

_____	_____
PLAYER SIGN	DATE
_____	_____
PARENT SIGN	DATE
_____	_____
PARENT SIGN	DATE

ALAMEDA ISLAND RUGBY CLUB

PHYSICAL EXAMINATION & MEDICAL RELEASE (TO BE FILLED OUT BY PHYSICIAN)

This form may be used for the student's physical. CIF rules require that athletes have a current physical form on file. A physical is valid for the entire school year. Physicals dated prior to July 1st are not valid. If your doctor gives physicals every two years, a physician-signed form with the current date must accompany a copy of the original physical form. Make your physical appointment well in advance of the required date to avoid delays in participation.

Physicians forms and notes are acceptable if stapled to this form.

All physician verification forms are acceptable when the date is current.

NAME: _____

DATE OF EXAM: _____

STATE OF CONDITION OF:

EYES _____

EARS _____

NOSE _____

THROAT _____

LUNGS _____

SKIN _____

TEETH _____

ABDOMEN _____

HEART _____

HERNIA _____

PULSE _____

BLOOD PRESSURE _____

DO YOU FEEL THIS STUDENT ATHLETE IS CAPABLE OF PHYSICAL ACTIVITY?

A) UNLIMITED _____

B) LIMITED _____

BIRTHDATE _____ AGE _____ KNOWN ALLERGIES _____

IS ATHLETE CURRENTLY TAKING ANY MEDICATION? _____

IF SO, PLEASE LIST _____

IS ATHLETE ALLERGIC TO ANY MEDICATION? _____

IF SO, PLEASE LIST _____

HAS ATHLETE HAD ANY MAJOR OPERATIONS OR SERIOUS INJURIES? _____

IF SO, PLEASE LIST _____

REMARKS:

PHYSICIAN SIGNATURE _____