



Alameda High School Rugby Club (Alameda RFC) 2011 / 2012 Participant Contract and Parental Consent Form

Special Note: This form must be submitted to the Alameda High School Rugby Club prior to the athlete participating in any organized rugby athletic event. No other forms are acceptable.

Last Name		First Name		Middle Name	
Nickname		Date of Birth		Gender (male/female)	
School Attended		Grade in School		Last Semester GPA	
Address			City, State, Zip		
Home Phone		Mobile Phone		E-Mail	
Height (feet-inches)	Weight (lbs)	Shirt Size (36, 38, etc)		Waste Size (24, 26, etc)	
Previous Athletic Experience				Honors / Awards	
Previous Rugby Experience (club, year)		Preferred Rugby Position			
Mother's Full Name		Mother's Address (if dif)			
Mother's Occupation		Mother's Work Phone			
Mother's Mobile Phone		Mother's E-Mail			
Father's Full Name		Father's Address (if dif)			
Father's Occupation		Father's Work Phone			
Father's Mobile Phone		Father's E-Mail			
Emergency Contact (if parents unavailable)			Relationship		
Emergency Home Phone		Mobile / Work Phone			
Official Use Only - Dues Payment Schedule & Documents Submitted					
Payment Type	Amount	Date	Verified By	Document	Date Submit'd
				Birth Cert. or Passport	
				School ID Card	
				Current Picture	

**2010 / 2011 PARENTAL / GUARDIAN
PERMISSION AND WAIVER**

Participant Name: _____

1. **PERMISSION TO PARTICIPATE:** I, the parent/guardian of the above named participant hereby acknowledge that my child is in good general health and I give my approval for my child to participate in any and all Alameda RFC national, regional, league/conference, association and team/squad activities, including transportation to and from the activities by a licensed driver with proof of insurance.
2. **INTENT TO INFORM:** I acknowledge that I am fully aware of the potential dangers of participation in any sport and I fully understand the participation in rugby may result in **SERIOUS INJURIES, PARALYSIS, PERMANENT DISABILITY AND/OR DEATH.** Furthermore, I fully acknowledge and understand that protective equipment does not prevent all participant injuries, and therefore I do hereby waive, release, absolve, indemnify, and agree to hold harmless the local, league, regional and national rugby organizations and any and all organizers, sponsors, supervisors, coaches, trainers, managers, Alameda RFC Board Members, participants, and persons transporting the above named participant to and from activities, from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.
3. **EMERGENCY MEDICAL AUTHORIZATION:** I hereby grant my permission for any and all emergency medical/dental treatment and/or first aid to be administered to my child/participant, including authorizing any medical treatment facility/hospital to administer emergency treatment, for any illness/injury/accident resulting from participation in any and all Alameda RFC activities. Initial: _____
4. **EQUIPMENT RESPONSIBILITY:** I agree to assume full responsibility for any and all equipment/uniforms of my child/participant and agree to maintain it in good, presentable and workable condition.
5. **INSURANCE DISCLOSURE:** I am aware that the Alameda RFC carries group accident insurance, which is considered secondary, or excess for medical purposes to any and all valid insurance I possess, which is considered primary insurance. Furthermore, I agree to notify in writing the Alameda RFC of any medical claim as a result of participation in Alameda RFC activities as soon as reasonably possible. I understand that any registration or dues fee paid does not constitute a direct premium for insurance and that a deductible(s) may apply.
6. **SCHOLASTIC VERIFICATION:** I hereby stipulate that my child is scholastically fit and that my child is currently enrolled and attending school, and that my child will maintain a minimum, and current, 2.0 GPA during participation with the Alameda RFC. Furthermore, I hereby authorize my child's school to release school grades, grade checks, report card results, and any and all other pertinent scholastic information to the Alameda RFC in order to verify compliance with these requirements.
7. **FINANCIAL RESPONSIBILITY:** I hereby stipulate that I have been advised by the Alameda RFC of my rights, if any, to a refund in accordance with the Alameda RFC policies, and I have also been advised of my fundraising obligations for the entire season and agree to fully comply with those obligations.
8. **ADULT CODE OF CONDUCT:** In order to uphold the goals of the Alameda RFC and ensure that all participants have the benefit of a safe and fun learning environment, all parents, guardians and other adults and attendees at Alameda RFC events, including but not limited to practices, competitions, social events, tours, tournaments, and banquets, must behave accordingly in a respectful, courteous and sportsmanlike manner at all times. Any adult who is using alcohol, tobacco or non-prescription drugs and/or appears intoxicated at a Alameda RFC event, and/or who is flagrantly rude, attempts to intimidate, verbally abuse, heckles, taunts, ridicules, boos, throws objects and/or uses vulgar or profane language/gestures with an official, coach, volunteer, staff member, participant or other event attendee, must receive a verbal warning and/or be asked to leave the DFRC event. The Alameda RFC may also provide a written warning to the individual regarding the misbehavior. The adult's children may also be removed from the event. Any adult who commits one of the above stated offenses a second time, will be banned from any and all Alameda RFC events for a period of one year from the date of the second offense, and their children may also be removed from the program(s) for that time period. Any adult who physically assaults an official, coach, volunteer, staff member, participant or other event attendee, or threatens grave bodily harm may be banned from any and all Alameda RFC events for one year from the date of the offense, and their children may also be removed from any and all Alameda RFC programs for the same period of time. After the ban has expired, if the individual commits another offense of the adult code of conduct, the individual will be permanently banned from any and all Alameda RFC events and the individuals children may also be permanently removed from any and all Alameda RFC programs.
9. **ELGIBILITY:** I understand that my child must meet the Alameda RFC requirements in order to participate in any and all Alameda RFC programs and events.
10. **RULES AND REGULATIONS:** I hereby understand and acknowledge that as a parent/guardian of a Alameda RFC participant it is my responsibility to comply with all the rules and regulations stipulated, adopted or recognized by the Alameda RFC or any of its member or affiliate organizations, including but not limited to the Adult Code of Conduct, and the Alameda RFC Charter. Non-compliance with any and all rules and regulations may be cause for discipline and/or dismissal of my child/the participant, myself, and/or any spectators or other persons affiliated with the undersigned and the above named participant.

By my signature below, I hereby stipulate that I have read, fully understand and voluntarily agree to all of the above:

Signature of Parent _____ Date _____

Print Full Legal Name _____

Signature of Participant _____ Date _____

Print Full Legal Name _____



Alameda High School Rugby Club (Alameda RFC) 2011 / 2012 Voluntary Activity and Medical Authorization Form for Minor

Dear Parent / Guardian:

Please complete and return this form to the Alameda High School Rugby Club.

My child, _____, has my permission to participate in any and all home and away practices, scrimmages, matches, tournaments and tours, and all other activities related to his/her participation in this sport, including the transportation to and from such events, regardless of the mode, method or means, and any type of accommodations related to such activities.

I fully understand that my child is to abide by all the rules, regulations and requirements governing his/her conduct during these activities. Any violation of these rules, regulations or requirements may result in his/her being sent home at or by his/her parent's time, means of transportation and expense.

I fully understand that I hold harmless and indemnify the Alameda High School Rugby Club, its officers, agents, employees, coaches, trainers, managers, and all other participants acting in any capacity on behalf of the Alameda High School Rugby Club, and all other participants, including opposing players and touring side hosting families, from any injury or death related to any and all participation in these activities.

Authorization for Medical Treatment

In case my child is injured, I hereby authorize the medical treatment of my child (name listed above)

Work Phone: _____ Home Phone: _____
Mobile Phone: _____ Other Phone: _____
Family Doctor: _____ Doctor _____
Medical Phone: _____
Insurance: _____ Policy #: _____

Important health information (allergic reaction, medications, previous conditions, etc.): _____

All medications must be in original container and, except those which must be kept on the child's person for emergency use, must be kept and distributed by the Alameda High School Rugby Club's responsible person (coaches, trainers, managers). If any medication is to be taken by the child, please note here

Check here if there are **no special medical problems about which the Alameda High School Rugby Club should be aware** regarding your child's participation in all such activities described above.

Signature of Parent / Guardian

Date

- MINOR (PARTICIPANTS UNDER 18) -

USA RUGBY PARTICIPATION AGREEMENT AND WAIVER AND RELEASE OF LIABILITY

PLEASE READ CAREFULLY BEFORE SIGNING. THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS AND ASSUMPTION OF THE RISKS AGREEMENT.

This Participation Agreement and Waiver and Release of Liability is entered into between the undersigned "Parent" or "Guardian" and the minor participant "Participant" and USA Rugby, it's member unions, clubs, organizations, affiliates, partners, sponsors, vendors, directors, officers, employees, volunteers, members, agents, contractors, contracted entities and facilities and the owners and lessors thereof, hereinafter referred to as "USA Rugby" or collectively as "Releasees").

In consideration for the privilege of participation of the Participant in USA Rugby activities, Participant, Parent or Guardian acknowledge and agree as follows:

1. Participation in the activities of USA Rugby, including but not limited to warm-up, training, practice, games, clinics, travel, and social events (referred to herein as the "Activities"), includes participation in a full-contact sport, requires good health and fitness and can be **HAZARDOUS AND PRESENT A DANGER TO PARTICIPANT**. Participant and Parent or Guardian believe the Participant is qualified to participate in Activities, and if at any time the Participant, Parent or Guardian believe conditions to be unsafe, he/she will immediately discontinue further participation in the Activities _____, _____, _____ INITIAL HERE

2. Participation in Activities exposes Participant to **RISKS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH**. Risks may arise out of contact and/or participation with other participants, spectators, equipment, field, facility and/or fixed objects; falls, collisions, rough play, and other mishaps; exposure to adverse weather conditions and/or high altitude; flaws and defects in equipment and facilities; irregular field conditions; and negligent field maintenance, negligent officiating, negligent coaching and negligent participation. Risks may be caused by the Participant's own actions, or inaction, the actions or inaction of others participants, the condition of the facilities in which the Activities take place, and/or **THE NEGLIGENCE OF THE "RELEASEES."** Some Risks cannot be predicted or controlled. There may be other risks and social and economic losses either not known to me or not readily foreseeable at this time. _____, _____, _____ INITIAL HERE

3. Assumption of the Risks. **I CONSENT TO PARTICIPATION IN THE ACTIVITIES AND FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES** incurred as a result of such participation. _____, _____, _____ INITIAL HERE

4. Waiver and Release of Liability. In consideration for the privilege of the Participant's participation in the Activities, each undersigned hereby **RELEASES, DISCHARGES, COVENANTS NOT TO SUE, AND AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS RELEASEES** from any and all liability, demands, losses, medical expenses, lost opportunities, damages or attorneys fees and costs stemming from any or all claims for negligence, expressed or implied warranty, contribution, and indemnity, and/or claims of negligent rescue operations, first aid, and emergency care, to the broadest extent permitted by applicable law, including C.R.S. § 13-22-107, suffered by the Participant, Parent or Guardian or incurred on his/her account with respect to the Participant's personal injury and other injury or harm, disability, and/or death, or property damage, arising directly or indirectly from the Participant's participation in Activities, as caused or alleged to be caused in whole or in part by the Releasees or any of them, and further agrees that if, despite this release, the Participant or any other person makes a claim on the Participant's behalf against any of the Releasees, **THE UNDERSIGNED WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LIABILITY, LITIGATION EXPENSES, ATTORNEY FEES, LOSSES, DAMAGES OR COSTS ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM, WHETHER ASSERTED BY THE UNDERSIGNED, THE PARTICIPANT, OR ANOTHER PERSON.** _____, _____, _____ INITIAL HERE

5. Governing Law, Venue and Jurisdiction: The undersigned understands and agrees that this document is intended to be as broad and inclusive as permitted under applicable law and shall be governed by Colorado law. In the event of a dispute, the exclusive venue and jurisdiction for any lawsuit arising out of such dispute shall be the state court of Boulder County, or the federal courts located in Denver, Colorado. _____, _____, _____ INITIAL HERE

1. Severability: If any provision of this document is determined to be invalid for any reason, such invalidity shall not affect the validity of any of the other provisions, which other provisions shall remain in full force and effect as if this document had been executed with the invalid provision eliminated. _____, _____, _____ INITIAL HERE

THE UNDERSIGNED PARTICIPANT AND PARENT AND/OR GUARDIAN HEREBY CERTIFY THAT PARTICIPANT IS UNDER 18 YEARS OLD, THAT I HAVE COMPLETELY READ AND UNDERSTAND THIS AGREEMENT AND ITS TERMS. THAT PRIOR TO SIGNING THIS AGREEMENT, I HAVE HAD THE OPPORTUNITY TO ASK ANY QUESTIONS ABOUT THIS AGREEMENT. I AM AWARE, BY SIGNING THIS AGREEMENT I ASSUME ALL RISKS AND WAIVE AND RELEASE CERTAIN RIGHTS THAT I AND EACH OF MY HEIRS, NEXT OF KIN, FAMILY, RELATIVES, GUARDIANS, CONSERVATORS, EXECUTORS, ADMINISTRATORS, TRUSTEES AND ASSIGNS MAY HAVE AGAINST RELEASEES.

Parent/Guardian Signature Printed Name Date

I AM A PARENT/GUARDIAN OF THE PARTICIPANT, AND I ATTEST THAT I HAVE LEGAL RESPONSIBILITY OVER THE PARTICIPANT, AND, MY SIGNATURE IS SUFFICIENT TO CONSENT TO THE PARTICIPATION OF THE PARTICIPANT IN THE ACTIVITIES AND TO ENTER INTO THIS AGREEMENT FOR AND ON BEHALF OF THE PARTICIPANT.

Parent/Guardian Signature Printed Name Date

Witness Printed Name Date

PLEASE PRINT, INITIAL, SIGN AND RETURN TO YOUR AFFILIATED CLUB

- MINOR (PARTICIPANTS UNDER 18) -

USA RUGBY (MINOR) MEDICAL INSURANCE AGREEMENT AND USA RUGBY RULES ACKNOWLEDGEMENT

1. I, the undersigned parent/guardian, acknowledge that the minor child identified below (the "Minor") is covered by a personal or group insurance policy that has \$100,000 or more in coverage for medical, hospitalization, and other expenses of treatment and care should the Minor be injured or become ill while or as a result of participating in the Activities (as defined below) **WITH NO RESTRICTION FOR ACCIDENTS OR ILLNESSES WHILE PARTICIPATING IN SPORTS, SPORTS-RELATED ACTIVITIES, OR RECREATIONAL ACTIVITIES.** I understand such insurance will be my and the Minor's primary source of payment should medical treatment be necessary as a result of participation in the Activities. The undersigned accepts full financial responsibility for and agrees to pay all costs of medical treatment or care incurred due to the Minor's illness or injury arising out of the Activities that are not covered by such insurance policy.
2. The Minor will abide by all International Rugby Board, USA Rugby, territorial and local area union rules and regulations, including the arbitration procedures therein, for any dispute regarding the Minor's eligibility or right to participate in, USA Rugby-sponsored and -sanctioned activities and events, as set forth in the Bylaws of USA Rugby, as they are amended on a periodic basis, which are available on the USA Rugby web site (www.usarugby.org).
3. I affirm that the Minor is not suspended or banned from play or participation by any club, local area union, territorial union, or national union, and I authorize USA Rugby to verify the Minor's citizenship status with the appropriate governmental agencies.
4. I am aware that USA Rugby has the right to revoke the Minor's CIPP enrollment, and therefore his/her eligibility to play or coach, in the event of any violation of the aforementioned statement.

I HAVE CAREFULLY READ THIS MEDICAL INSURANCE AGREEMENT AND BY SIGNING BELOW AGREE TO ALL OF ITS TERMS. I SIGN THIS DOCUMENT VOLUNTARILY AND WITH FULL UNDERSTANDING OF ITS TERMS AND LEGAL SIGNIFICANCE. I AM A PARENT/GUARDIAN OF THE MINOR, AND I ATTEST THAT I HAVE LEGAL RESPONSIBILITY OVER THE MINOR, AND FURTHER ATTEST THAT, IF I AM THE SOLE PARENT/GUARDIAN SIGNING BELOW, MY SIGNATURE IS SUFFICIENT TO CONSENT TO THE PARTICIPATION OF THE MINOR IN THE ACTIVITIES AND TO ENTER INTO THIS MEDICAL INSURANCE AGREEMENT ON BEHALF OF THE MINOR.

PROVIDE NAME OF MINOR:

Parent/Guardian Signature Printed Name Date

Parent/Guardian Signature Printed Name Date

PLEASE PRINT, SIGN AND RETURN TO YOUR AFFILIATED CLUB

All clubs are required to maintain the signed waivers & releases in their possession for a minimum of three (3) years and provide to USA Rugby at any time upon request. For more information about USA Rugby's Liability Insurance protection, please visit: www.usarugby.org.

