

# KE Rugby Club - Parental Authorization & Liability Release Form

**Student and Parent/Guardian must read the following conditions for participation in Rugby Club and sign their agreement where indicated.**

## **Authorization for Emergency Medical Treatment of a Minor**

- I/we, being the parents) or legal guardian(s) of the above mentioned minor, do hereby appoint the club advisors listed below to act in my/our behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the above named minor while s/he is participating in a school sponsored activity AND in my absence.
- I also understand the club advisor will have made every appropriate attempt to contact me/us prior to acting on my/our behalf.
- This permission is granted only for the Spring Season and is further limited in scope to the season of the club in which **my** son/daughter is competing.
- NOTE: no student will be allowed to participate who can not assure the Rugby Club that he has medical coverage.
- This document shall be presented to a physician, dentist, or appropriate health care representative at such time as unexpected medical, dental, surgical care or hospitalization may be required.

Name or Minor \_\_\_\_\_ Date of Birth \_\_\_\_\_

## **Hospitalization coverage for above mentioned minor**

Insurance Company/Government Program Name \_\_\_\_\_

ID Contract No. \_\_\_\_\_

**Hospital Preference** \_\_\_\_\_

Family Physician Name & Telephone Number

\_\_\_\_\_ Phone \_\_\_\_\_

## **Student and Parent/Guardian Information**

Name of School \_\_\_\_\_

Graduation Year \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ (cell) \_\_\_\_\_

Home Street Address \_\_\_\_\_

City \_\_\_\_\_ Zipcode \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Allergies/Medications/Medical Alerts: \_\_\_\_\_

In the case of an emergency, I give authorization for emergency care and transportation for my child.

Parent or Legal Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

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The Student and Parent/Guardian acknowledge that the Rugby Club, although not officially affiliated with any school will follow the same rules and consequences associated with the policies and standards of the school attended by the Student. The Student agrees to abide by these rules, regulations, policies and standards of behavior, and in all instances to follow the specific instructions of the coaches. Student and Parent/Guardian acknowledge and understand that the possession or use of alcohol or illegal and/or unauthorized drugs is forbidden.

Any infractions of the rules will result in the loss of the Rugby Club privileges for the remainder of the school year, as well as other consequences, **including, but not limited to, exclusion from further participation in practices and games AND forfeiture of all dues paid for the season in which any infraction occurred. In the unlikely event of a permanent or temporary suspension from the Rugby Club, the Student and Parent/Guardian will be granted due process.**

## Parental Permission and Liability

The Parent/Guardian grants permission for the Student to participate in the Rugby Club. Although the activities of the Rugby Club will be coached and supervised by adults, it is agreed and understood that neither the Kenton Public Schools nor any individual coach will suffer any liability. The Kenton Public Schools and the coaches are hereby released from any liability, whether or not caused by fault or negligence, for any bodily injury, loss, theft or property damage sustained by the Student while participating in the Rugby Club. The Parent/Guardian and Student assume the inherent risks associated with contact sports, specifically as they occur during practices, scrimmages, clinics and/or games associated with the Rugby Club.

**By signing below, both the student and parent agree to and accept the terms of participation on the KE Rugby Club, as described above.**

Parent or Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_