

PELICAN RUGBY FOOTBALL CLUB

MEDICAL EMERGENCY FORM

Player Name _____

Address _____ City & Zip _____

Parent/Legal Guardian _____

Home Phone _____ Business Phone _____

DOB _____ Age _____

In order to compete in youth rugby your son/daughter must have passed a physical within the past year and your child **must** be covered by a health insurance plan. Rugby is a contact sport and injuries can happen and **risks of serious injury do exist** including permanent disability and death which may result from your own actions, inactions of others, the rules of play, or the conditions of the premises or of any equipment used. Further there may be other risks not known to us or not reasonably foreseen at this time. Your signature indicates that you are aware of the potential injury risks that could occur during a properly supervised practice or game and that you have given permission for your son/daughter to participate and that you have fulfilled **its medical insurance coverage requirement in Section 8 of the Waiver of Liability and Eligibility form.**

Parent/Legal Guardian Signature _____ Date _____

Athlete Signature _____ Date _____

MEDICAL EMERGENCY AND INSURANCE INFORMATION (Please include a copy of your insurance card)

Family Doctor _____

Doctor's Phone _____

Emergency Contact _____ Relationship _____

Emergency Contact Phone _____

Insurance Coverage _____

Allergic Reactions _____

I, the natural parent/legal guardian, authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health and I cannot be contacted. I waive my right of informed consent to such treatment.

Parent/Legal Guardian Signature _____ Date _____