

TENNESSEE HIGH SCHOOL RUGBY

PLAYER PARTICIPATION FORM

TEAM _____
NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
PHONE #'S Home _____
Work _____

E-mail _____
Height _____ Weight _____
Date of Birth _____
High School _____ Class(freshman,soph...) _____
Medical insurance company _____ Phone _____

PLEASE GIVE A DETAILS OF ANY MEDICAL CONDITIONS (include any orthopedic injuries, allergies, breathing or heart conditions, head injuries or concussions, seizures, special equipment, surgeries and any other conditions or concerns your coach or officials should know about. Use back of this form if needed, but explain in detail)

Briefly summarize the organized sports you've participated in:

In case of accident contact _____ phone _____

WAIVER OF LIABILITY: By signing below it is hearby understood that the participate and their parents or legal guardian recognizes the risks associated with RUGBY. Rugby is a contact sport and certain hazards do prevail. RUGBY is an amateur sport and all participation is voluntary. By signing below all parties involved waives any right to file suit and agrees to hold harmless the members, coaches and officers associated with Tennessee High School Rugby and any other rugby club or union, which may be associated with the program.

Player Signature

Date

-

Father Name

Mother Name

e-mail

e-mail

Home Phone

Home Phone

Work Phone

Work Phone

Father Signature

Date

Mother Signature

Date

We encourage parent involvement. Please attend practices and games when possible.

Parent Comments: