

Medical Profile

Name of Mother		E-Mail address	
Home Phone	Work Phone	Pager/Cell	
Name of Father		E-Mail address	
Home Phone	Work Phone	Pager/Cell	
Address		City	Zip

Name of Child _____

Has the child had any of the following problems? (check if YES)

- | | | |
|-------------------|---------------------------|-----------------------------|
| _____ ADD/ADHD | _____ Convulsive Disorder | _____ Rheumatic fever |
| _____ Asthma | _____ Heart Condition | _____ Speech Problem |
| _____ Allergy | _____ Hemophilia | _____ hearing Problem |
| _____ Diabetes | _____ Meningitis | _____ Severe Vision Problem |
| _____ Other _____ | | |

If you have checked any of the above, please explain: _____

List any serious injuries, accidents or operations and the age when occurred? _____

Is there a health problem that would prevent full participation in the program activities? _____

Is the child on any long term medication? _____

Consent – Authorization for necessary treatment During Absence or inability to contact Parent or legal Guardian

Name of Child		Medical Insurance Company	
Name of Insured		Group #	
Date of Birth of Child		Relationship	
Current Medication			
Allergies			

During my absence or in event I cannot be reached immediately, such treatment shall be furnished by the emergency physician in consult with family physician:

Dr. _____ Address _____ Phone (____) _____
as necessary to provide appropriate care.

I understand such treatment will be limited solely to those procedures deemed necessary by the attending physician to treat properly (1) emergency conditions, and (2) conditions which may be less than life threatening, but which, nonetheless require prompt attention and care. This authorization shall be valid from December 17 2005 to June 1 2006.

Name (Print) _____ Date _____

Signature of Parent or Guardian _____

MEDICAL INSURANCE AND WEST VALLEY YOUTH RUGBY RULES ACKNOWLEDGEMENT

1. I acknowledge that I have a medical insurance policy in my name that has a minimum of \$100,000 in medical coverage, **WITH NO RESTRICTION FOR ACCIDENTS WHILE PARTICIPATING IN SPORTS**. I understand such insurance will be my primary source of payment should medical treatment be necessary as a result of my participation in the West Valley Youth Rugby Club ("WVYR") practices, competitions and other activities (the "Activities").
2. I agree to abide by all USA Rugby Football Union ("US Rugby"), Southern California Rugby Football Union ("SCRFU") and WVYR regulations and understand that any dispute regarding my right to participate in the WVYR Activities will be submitted to arbitration, using the procedures set forth in the US Rugby rules which are available on the USA Rugby web site (www.usarugby.org).
3. I affirm that I am not suspended or banned from play or participation by any club, local area union, territorial union, or national union.
4. I am aware that WVYR has the right to revoke my membership in WVYR and therefore my eligibility to play or coach in WVYR events in the event of any violation of WVYR, SCRFRU or US Rugby rules.

WAIVER & RELEASE, ASSUMPTION OF RISK AND PARENTAL INDEMNIFICATION

In consideration of me being permitted to participate in any way in WVYR Activities, I agree and acknowledge that:

1. I understand the nature/dangers of the Activities and believe that I am qualified to participate in such Activities. I further acknowledge that I am aware the Activities will be conducted in facilities open to the public during the Activities. I further agree/warrant that if at any time I believe conditions to be unsafe, I will immediately cease further participation in the Activities.
2. I understand that: (a) WVYR 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, the actions or inactions of others participating in the Activities, the conditions in which the Activities take 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 Activities.
3. I **HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS WVYR, USA RUGBY, SCRFRU, 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 Activities take 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, DEFEND AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, 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 INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THAT THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

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 Activities. I hereby release, discharge, covenant not to sue and **AGREE TO INDEMNIFY, DEFEND 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, DEFEND 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 claim.

Accepted and Agreed to:

Accepted and Agreed to:

Participant

Parent or Guardian

Date

Date