

BLACKTHORN RUGBY FOOTBALL CLUB — U-19



Player Information

Name (Last, First, Middle Initial): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent(s)/Guardian(s) Name(s): \_\_\_\_\_

P/G Address (if different than above): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Other School Sports: \_\_\_\_\_

Email: \_\_\_\_\_

Player Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BLACKTHORN RUGBY FOOTBALL CLUB — U-19

*ATTENTION! READ THE FOLLOWING BEFORE SIGNING!*  
ASSUMPTION OF RISK, ACKNOWLEDGMENT OF MEDICAL INSURANCE,  
WAIVER AND RELEASE OF LIABILITY, AND RELEASE FOR USA RUGBY

In consideration of me being allowed to participate in any rugby competition conducted under the auspices of USA Rugby, its members unions, clubs, organizations and individuals (the "Activity"), I agree:

- 1) I understand the dangers that may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity and the conditions under which the Activity is conducted. I understand the nature of the Activity and acknowledge that I am qualified to participate in such Activity. I further acknowledge that I am aware that the Activity will be conducted in facilities open to the public during the Activity. I further agree and warrant that, if at any time, I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
- 2) I acknowledge that I have a medical insurance policy in my name that has a minimum of \$100,000 in medical coverage. Such insurance will be my primary source of payment should medical treatment be necessary as a result of my participation in the Activity.
- 3) I FULLY UNDERSTAND that: (a) the Activity involves risks and dangers of SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("Risks"); (b) 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 ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS AND DAMAGES incurred as a result of my participation in the Activity.
- 4) I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE AND AGREE TO HOLD HARMLESS USA Rugby, its respective administrators, members, directors, agents, officers, volunteers and employees, local organizing committees, other participants, any sponsors, advertisers, if applicable, owners and lessors of premises on which the Activity takes place (each considered one of the "Releasees" herein) from all liability, claims, demands, losses, or damages on account caused or alleged to be caused in whole or in part by any act or omission of the "Releasees" in connection with the Activity or otherwise, including 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, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEYS FEES, LOSS LIABILITY, DAMAGE OR COST ANY MAY INCUR AS THE RESULT OF SUCH CLAIM.
- 5) I agree to abide by all International Rugby Board, USA Rugby, territorial and local area union rules and regulations, including to be bound by the arbitration procedures therein, that I am aware of and understand, for any dispute regarding my right to participate in the Activity, as set forth in the Bylaws of USA Rugby, as they are amended on a periodic basis, which I understand are available on the USA Rugby web site ([www.usarugby.org](http://www.usarugby.org)).
- 6) I affirm that I am not suspended or banned from play or participation by any club, local area union, territorial union, or national union.
- 7) I authorize USA Rugby to verify my citizenship status with the appropriate governmental agencies.
- 8) I am aware that USA Rugby has the right to revoke my CIPP enrollment, and therefore my eligibility to play, in the event of any violation of the aforementioned statements.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY 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.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BLACKTHORN RUGBY FOOTBALL CLUB — U-19

AUTHORIZATION FOR  
EMERGENCY MEDICAL TRANSPORT  
AND/OR TREATMENT

I, \_\_\_\_\_ the undersigned parent or guardian of the minor child \_\_\_\_\_, hereby authorize and appoint the coach and/or administrator of the Blackthorn Rugby Football Club to request and authorize emergency medical transport and/or treatment on behalf of my child. HOWEVER, this authorization shall be effective ONLY in the event of an emergency and ONLY if appropriate paramedical, medical, and/or hospital personnel have been unable, after reasonable efforts, to contact the undersigned or one of the designees below, so as to obtain authorization for emergency medical transport and/or treatment. I direct and request efforts be made to contact the following persons in the event of an emergency involving my child or ward.

<i>Name</i>	<i>Home Phone</i>	<i>Work/Cell Phone</i>	<i>Relation to Child</i>

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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MEDICAL HISTORY

TO BE COMPLETED BY PARENT/GUARDIAN:

Does your child/ward have any allergies to medications?    Yes    No

If so, please describe those allergies:

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Is your child/ward currently on any medications?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

If so, please list and describe those medications:

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Are you aware of any medical or other condition(s) which would prohibit your child/ward from participating in contact sports?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

If so, please describe:

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Medical Insurance Carrier or HMO: \_\_\_\_\_

Name of Primary Insured: \_\_\_\_\_

Policy #/Group #: \_\_\_\_\_

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BLACKTHORN RUGBY FOOTBALL CLUB  
PARENT/GUARDIAN RELEASE

*Release of All Claims*

Whereas the releasors are the parents or guardians of the child or ward named above and it is the wish of the said parents or guardians he or she play youth rugby under the auspices and control of the Eastern Pennsylvania Rugby Union and Blackthorn Rugby Football Club (the "Club"), Inc., its representatives, officers, and successors and assigns, and

Whereas the parents or guardians have been informed they are required to have adequate medical insurance for their child or ward \_\_\_\_\_.

Now, therefore, the parents intending to be legally bound do hereby covenant as follows:

- 1) We do hereby release and forever discharge the Eastern Pennsylvania Rugby Union and the Blackthorn Rugby Football Club, Inc., its representatives, officers, successors and assigns of and from any and all liability
- 2) We do hereby agree to indemnify and hold harmless the Eastern Pennsylvania Rugby Union and the Blackthorn Rugby Football Club, Inc., its representatives, officers, successors and assigns from any claims enumerated in paragraph numbered 1 above
- 3) We do agree to carry medical insurance as set forth above
- 4) We further state we have carefully read the foregoing release and know the contents thereof and we sign the same of our own free act and deed.

*Parent/Guardian Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**BLACKTHORN RUGBY FOOTBALL CLUB — U-19**

**EASTERN PENNSYLVANIA RUGBY UNION  
PLAYER'S CODE OF CONDUCT**

USA Rugby and the Eastern Pennsylvania Rugby Union (EPRU) expect all teams and players to abide the following code of conduct:

- 1) Players who represent their teams are ambassadors of their club, local area union, territory, and USA Rugby, as well as the game of rugby in general. As such, each player is expected to on good, reasonable behavior at all times, both on and off the field.
- 2) Players should not exhibit obnoxious, impolite, or antisocial behavior (dangerous play) of any sort that would adversely affect the image of the game as a serious and disciplined athletic endeavor. That includes verbal abuse of opponents by players or their supporters.
- 3) A player must not before, during, or after a match, under the jurisdiction of affiliated union, threaten or address a referee or touch-judge in insulting terms or act in a provocative manner towards a fellow player, referee, or touch-judge.
- 4) Referees and touch-judges must likewise treat players with equal respect.
- 5) All players and supporters must respect the ground rules that are in-effect at any particular match, such as prohibitions against having alcohol on school grounds and in public parks.
- 6) AT NO TIME WILL ALCOHOL OR DRUGS BE ALLOWED AT ANY HIGH SCHOOL MATCH EITHER BY PLAYERS OR TEAM SUPPORTERS.

The EPRU Disciplinary Committee will immediately address violations of this code of conduct. The Committee and the appropriate coaching staff will enforce sanctions decided on by the EPRU Disciplinary Committee.

I understand my participation in EPRU competition is dependent upon my signature on this document and by my actions at all matches and team functions.

*Parent/Guardian Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_