

FAIRFIELD RUGBY CLUB
PARENTAL PERMISSION FORM

I give permission for my child to participate in full contact rugby realizing that such activity involves the potential for injury which is inherit in all sports. I acknowledge that even with the best coaching, use of appropriate equipment and strict observance of rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability or even death. I acknowledge that I have read and understand this warning.

Parent or Guardian Signature

Date

Emergency Information

Grade in Fall 2012 _____

Name _____ Birth Date _____

Address _____

Parent/Guardian _____ Home Telephone No. _____

e-mail _____ Parent's e-mail _____

Mother's Cell Phone No. _____ Father's Cell Phone No. _____

Family Physician _____ Preferred Hospital _____

Emergency Telephone No. (friend/relative) _____

Medical Declaration

Is this participant covered under any health/accident insurance or prepayable plan?

Yes _____ No _____

Name and address of Insurance Company

(must be returned to coach prior to participation)