



## **Parent/Player Document Checklist**

To be eligible to participate as a member of the 2016 Birmingham Area Youth Rugby Football Club, the following documents must be read, completed, signed and given to a member of the coaching staff:

Parent Permission, Waiver and Release Form

Emergency Contact Sheet

USA Rugby CIPP Form

Copy of Health Insurance Card

Copy of Student ID

Copy of Proof of Age

**Player's Name:** \_\_\_\_\_

# Birmingham Area Youth Rugby

## PARENTAL PERMISSION, WAIVER AND RELEASE

PLAYER'S NAME: \_\_\_\_\_ (the "Player").

1. Player, and his custodial parent(s) and/or legal guardian(s) (together referred to as the "Undersigned"), hereby consent to Player's participation with the Birmingham Area Youth Rugby Football Club, the Detroit Tradesmen Rugby Football Club and Michigan Youth Rugby Association (MYRA) (the –"Team"). The Undersigned understand and agree that: participation includes, but is not limited to, practice sessions; games, meetings, functions, parties, fundraising, and the like, and transportation to and from these activities. The Undersigned further understand and agree that transportation will usually be via private automobile and that drivers will include adults, other players and students. The Undersigned understand and waive any claim for any losses resulting from injury or death in connection with a transportation mishap against any driver beyond his or her insurance coverage, as well as against any Detroit Tradesmen Rugby Football Club coaches and staff and against MYRA and Michigan Rugby Union officials and administrators.
2. The Undersigned understand and agree that the Team is not sponsored by any high school or any school district, and as such, these institutions and their administrators and officials are not responsible or liable for injury, sickness, disability, paralysis, or death that may result from Player's participation with the Team and all claims against said entities and individuals are waived.
3. The Undersigned understand that there are no salaried coaches or administrators assisting the Team. All those who help are volunteers.
4. The Undersigned understand that there is not a medical physician or trainer at the Team's games or practice sessions.
5. The Undersigned understand and agree to be solely responsible for the following:
  - a. To see that Player has a physical to determine that he is able and fit to play rugby;
  - b. To see that Player has appropriate medical insurance;
  - c. To see that Player wears a mouthpiece during ALL practices and games;
  - d. To see that Player abides by all team rules and instructions;
  - e. To see that Player avoids the use of alcohol, tobacco, and/or controlled substances without proper prescription;
  - f. To see that Player keeps his personal life clean and in accordance with laws and regulations.
6. The Undersigned understand that players on the Team may include boys 19 years of age and younger and that the Team will not only compete against other youth, but also against adult clubs and college age teams.

# Birmingham Area Youth Rugby

7. The Undersigned understand that rugby is an exciting, rough, physical contact sport and that, as with all sports, the possibility of injury (be it serious or minor), always exists. The Undersigned hereby accept the risks that a company participation. The Undersigned agree that they will not hold the Team coaching staff, MYRA, the Detroit Tradesmen Rugby Football Club and the Michigan Rugby Union and its officials and administrators responsible for injury, sickness, disability, paralysis or death that may result from participation with the Team and all claims arising from such participation are waived.

RELEASE AND WAIVER OF UABIUTY: IN CONSIDERATION OF PLAYER'S RIGHT TO PARTICIPATE, THE UNDERSIGNED HEREBY RELEASE, DISCHARGE AND COVENANT NOT TO SUE the coaches, officials, and/or administrators of the Team, MYRA, Michigan Rugby Union and the Detroit Tradesmen Rugby Football Club. THE UNDERSIGNED AGREE THAT THIS RELEASE IS BINDING AND EFFECTIVE AS TO THEMSELVES AS WELL AS TO THEIR PERSONAL REPRESENTATIVES, ASSIGNS, HEIRS AND NEXT OF KIN AND THAT IT APPLIES TO ANY AND ALL LOSS OR DAMAGE CLAIMED BY THE NEGLIGENCE OF THE ABOVE REFERRED TO ENTITIES, ORGANIZATIONS OR INDIVIDUALS OR OTHERWISE.

The Undersigned understand by signing this release they are giving up substantial rights they would otherwise have to recover damages for losses and they agree that they are doing so voluntary and without inducement, threat or duress. The Undersigned agree that they have had the opportunity to seek legal advice before signing this release and have either done so or voluntarily elected not to and waive this opportunity.

We have read and understand and agree to the information and waiver and release of liability as set forth above.

(X) \_\_\_\_\_ Date:  
**Player**

(X) \_\_\_\_\_ Date:  
**Custodial Parent/ Legal Guardian**

(X) \_\_\_\_\_ Date:  
**Custodial Parent/ Legal Guardian**



## Birmingham Area Youth Rugby Football Club Emergency Information Sheet

Athlete's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Sport: Rugby \_\_\_\_\_

Age: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Shorts Size    30        32        34        36        38        Other: \_\_\_\_\_    Please pick one  
Shirt Size    M        L        XL        XXL        XXXL                    Please pick one

### List two people to contact in case of emergency:

Parent or Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Second Person: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Relationship to Athlete: \_\_\_\_\_ Email Address: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### **IMPORTANT:**

Is your child allergic to any drugs?: \_\_\_\_\_ If so, what?: \_\_\_\_\_

Does your child have any other allergies? (I.e., bee sting, dust): \_\_\_\_\_

Do they suffer from: \_\_\_\_\_ asthma, \_\_\_\_\_ diabetes, or \_\_\_\_\_ epilepsy? (Check all that apply)

Are they on Medication? \_\_\_\_\_ If so, what?: \_\_\_\_\_

Do they wear contacts?: \_\_\_\_\_

Other: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



2015-2016 Individual Enrollment Application – Minor Players

USA Rugby Membership Services

2500 Arapahoe Ave., Suite 200, Boulder, CO 80302

Fax: 303-539-0311 Phone #: 303-539-0300

To avoid the \$5.00 processing fee, register online at https://webpoint.usarugby.org/

ENROLLMENT INFORMATION – PLEASE PRINT LEGIBLY

Registration information fields including checkboxes for previously registered status, club name, date of birth, gender, first and last name, mailing address, city, state, zip, phone, and email address.

ENROLLMENT CLASSIFICATION AND ANNUAL FEES – CHECK ONE ONLY\*\*

Classification and fees section with checkboxes for Senior Player, Collegiate Player, High School Player, Youth (Contact) Player, Rookie Rugby Youth (Non-Contact) Player, Fan, and TU/GU/Conference/SBRO Fee, along with a processing fee of \$5.00.

METHOD OF PAYMENT – PLEASE WRITE NUMBERS CLEARLY

Payment method section with checkboxes for Organization Check, Personal Check, Visa, and MasterCard, and fields for check number, name, zip code, credit card number, security code, and expiration date.

SIGNATURE – Your application will not be processed without a signature.

I hereby affirm that the above information is true and correct, and that I have read and agree to the terms of the waiver on back of this form, and that if registering as a coach I consent to a background check. Please note that your USA Rugby membership is not complete until your club has a signed copy of your participation waiver.

Signature and date fields for the applicant and parent/guardian.

Incomplete or unsigned forms cannot be processed. Send signed original form to USA Rugby - Retain a photocopy for your records. Please allow 2 weeks for processing.

# - MINOR (PARTICIPANTS UNDER 18) -

## USA RUGBY PARTICIPATION AGREEMENT AND WAIVER AND RELEASE OF LIABILITY

**PLEASE READ CAREFULLY BEFORE SIGNING. THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS AND ASSUMPTION OF THE RISKS AGREEMENT.**

This Participation Agreement and Waiver and Release of Liability is entered into between the undersigned "Parent" or "Guardian" and the minor participant "Participant" and USA Rugby, its member unions, clubs, organizations, affiliates, partners, sponsors, vendors, directors, officers, employees, volunteers, members, agents, contractors, contracted entities and facilities and the owners and lessors thereof, hereinafter referred to as "USA Rugby" or collectively as "Releasees").

In consideration for the privilege of participation of the Participant in USA Rugby activities, Participant, Parent or Guardian acknowledge and agree as follows:

1. Participation in the activities of USA Rugby, including but not limited to warm-up, training, practice, games, clinics, travel, and social events (referred to herein as the "Activities"), includes participation in a full-contact sport, requires good health and fitness and can be **HAZARDOUS AND PRESENT A DANGER TO PARTICIPANT**. Participant and Parent or Guardian believe the Participant is qualified to participate in Activities, and if at any time the Participant, Parent or Guardian believe conditions to be unsafe, he/she will immediately discontinue further participation in the Activities \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ INITIAL HERE
2. Participation in Activities exposes Participant to **RISKS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH**. Risks may arise out of contact and/or participation with other participants, spectators, equipment, field, facility and/or fixed objects; falls, collisions, rough play, and other mishaps; exposure to adverse weather conditions and/or high altitude; flaws and defects in equipment and facilities; irregular field conditions; and negligent field maintenance, negligent officiating, negligent coaching and negligent participation. Risks may be caused by the Participant's own actions, or inaction, the actions or inaction of others participants, the condition of the facilities in which the Activities take place, and/or **THE NEGLIGENCE OF THE "RELEASEES."** Some Risks cannot be predicted or controlled. There may be other risks and social and economic losses either not known to me or not readily foreseeable at this time. \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ INITIAL HERE
3. Assumption of the Risks. **I CONSENT TO PARTICIPATION IN THE ACTIVITIES AND FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES** incurred as a result of such participation. \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ INITIAL HERE
4. Waiver and Release of Liability. In consideration for the privilege of the Participant's participation in the Activities, each undersigned hereby **RELEASES, DISCHARGES, COVENANTS NOT TO SUE, AND AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS RELEASEES** from any and all liability, demands, losses, medical expenses, lost opportunities, damages or attorneys fees and costs stemming from any or all claims for negligence, expressed or implied warranty, contribution, and indemnity, and/or claims of negligent rescue operations, first aid, and emergency care, to the broadest extent permitted by applicable law, including C.R.S. § 13-22-107, suffered by the Participant, Parent or Guardian or incurred on his/her account with respect to the Participant's personal injury and other injury or harm, disability, and/or death, or property damage, arising directly or indirectly from the Participant's participation in Activities, as caused or alleged to be caused in whole or in part by the Releasees or any of them, and further agrees that if, despite this release, the Participant or any other person makes a claim on the Participant's behalf against any of the Releasees, **THE UNDERSIGNED WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LIABILITY, LITIGATION EXPENSES, ATTORNEY FEES, LOSSES, DAMAGES OR COSTS ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM, WHETHER ASSERTED BY THE UNDERSIGNED, THE PARTICIPANT, OR ANOTHER PERSON.** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ INITIAL HERE
5. Governing Law, Venue and Jurisdiction: The undersigned understands and agrees that this document is intended to be as broad and inclusive as permitted under applicable law and shall be governed by Colorado law. In the event of a dispute, the exclusive venue and jurisdiction for any lawsuit arising out of such dispute shall be the state court of Boulder County, or the federal courts located in Denver, Colorado. \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ INITIAL HERE
6. Severability: If any provision of this document is determined to be invalid for any reason, such invalidity shall not affect the validity of any of the other provisions, which other provisions shall remain in full force and effect as if this document had been executed with the invalid provision eliminated. \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ INITIAL HERE

**THE UNDERSIGNED PARTICIPANT AND PARENT AND/OR GUARDIAN HEREBY CERTIFY THAT PARTICIPANT IS UNDER 18 YEARS OLD, THAT I HAVE COMPLETELY READ AND UNDERSTAND THIS AGREEMENT AND ITS TERMS. THAT PRIOR TO SIGNING THIS AGREEMENT, I HAVE HAD THE OPPORTUNITY TO ASK ANY QUESTIONS ABOUT THIS AGREEMENT. I AM AWARE, BY SIGNING THIS AGREEMENT I ASSUME ALL RISKS AND WAIVE AND RELEASE CERTAIN RIGHTS THAT I AND EACH OF MY HEIRS, NEXT OF KIN, FAMILY, RELATIVES, GUARDIANS, CONSERVATORS, EXECUTORS, ADMINISTRATORS, TRUSTEES AND ASSIGNS MAY HAVE AGAINST RELEASEES.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**I AM A PARENT/GUARDIAN OF THE PARTICIPANT, AND I ATTEST THAT I HAVE LEGAL RESPONSIBILITY OVER THE PARTICIPANT, AND, MY SIGNATURE IS SUFFICIENT TO CONSENT TO THE PARTICIPATION OF THE PARTICIPANT IN THE ACTIVITIES AND TO ENTER INTO THIS AGREEMENT FOR AND ON BEHALF OF THE PARTICIPANT.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**\*\*\*PLEASE PRINT, INITIAL, SIGN AND RETURN TO YOUR AFFILIATED CLUB\*\*\***

**- MINOR (PARTICIPANTS UNDER 18) -**

**USA RUGBY (MINOR) USA RUGBY RULES ACKNOWLEDGEMENT**

1. The Minor will abide by all International Rugby Board, USA Rugby, territorial and local area union rules and regulations, including the arbitration procedures therein, for any dispute regarding the Minor's eligibility or right to participate in, USA Rugby-sponsored and -sanctioned activities and events, as set forth in the Bylaws of USA Rugby, as they are amended on a periodic basis, which are available on the USA Rugby web site ([www.usarugby.org](http://www.usarugby.org)).
2. I affirm that the Minor is not suspended or banned from play or participation by any club, local area union, territorial union, or national union, and I authorize USA Rugby to verify the Minor's citizenship status with the appropriate governmental agencies.
3. I am aware that USA Rugby has the right to revoke the Minor's CIPP enrollment, and therefore his/her eligibility to play or coach, in the event of any violation of the aforementioned statement.

**I HAVE CAREFULLY READ THIS ACKNOWLEDGMENT AND BY SIGNING BELOW AGREE TO ALL OF ITS TERMS. I SIGN THIS DOCUMENT VOLUNTARILY AND WITH FULL UNDERSTANDING OF ITS TERMS AND LEGAL SIGNIFICANCE. I AM A PARENT/GUARDIAN OF THE MINOR, AND I ATTEST THAT I HAVE LEGAL RESPONSIBILITY OVER THE MINOR, AND FURTHER ATTEST THAT, IF I AM THE SOLE PARENT/GUARDIAN SIGNING BELOW, MY SIGNATURE IS SUFFICIENT TO CONSENT TO THE PARTICIPATION OF THE MINOR IN THE ACTIVITIES AND TO ENTER INTO THIS AGREEMENT ON BEHALF OF THE MINOR.**

**PROVIDE NAME OF MINOR:**

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**\*\*\*PLEASE PRINT, INITIAL, SIGN AND RETURN TO YOUR AFFILIATED CLUB\*\*\***

All clubs are required to maintain the signed waivers & releases in their possession for a minimum of three (3) years and provide to USA Rugby at any time upon request.

For more information about USA Rugby's Liability Insurance protection, please visit:  
[www.usarugby.org](http://www.usarugby.org).



**PARENTAL PERMISSION**

\_\_\_\_\_ HAS MY/OUR PERMISSION TO ATTEND THE  
(NAME OF PLAYER)

MIDWEST CHAMPIONSHIP TOURNAMENT IN ELKHART, INDIANA ON MAY 6-8,  
2016. I UNDERSTAND AND AGREE THAT THE PARENTAL PERMISSION, WAIVER  
AND RELEASE AND MEDICAL AUTHORIZATION FORMS PREVIOUSLY PROVIDED  
APPLY TO THIS TRIP.

\_\_\_\_\_  
Signature of Parent

Dated: \_\_\_\_\_, 2016