

Kentucky Youth Rugby

PARENTAL CONSENT, CONTACT INFORMATION, MEDICAL, PHOTO AND TRANSPORTATION RELEASE

Name of Team: _____

Child's full name ("Participant"): _____

DOB and Grade _____

School _____

Parent / Guardian Last Name: _____

Parent / Guardian First Name: _____

Parent / Guardian Address _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Participant Cell Phone: _____

Participant Email: _____

(cell and email for notification of League information only)

Emergency Contact Person (if different from Parent / Guardian):

_____ Phone: _____

**The following information below will be confidential and solely for staff knowledge
and/or medical emergency use if necessary:**

List any of your child's medical, physical or mental health needs that would require special
attention on and off the rugby field:

Parents please initial if NONE: _____

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List any medications your child takes regularly: and the child is aware on the dispensing and proper use:

Parents please initial _____

List any food allergies and the child is aware of such allergies:

Parents please initial _____

Medical Insurance Information

Name of Insurance Company: _____

Address: _____

Policy # _____

Additional Statement & Consent:

I hereby give my consent for Participant to participate in Kentucky Youth Rugby events and activities, including weekend tournaments and matches. I further grant permission for my child: 1) to appear in person or in voice, video or photographic presentation for non-commercial radio, television, internet or print media reports and/or media campaign(s) resulting from participation in this program and its activities, 2) to complete confidential or anonymous surveys, and 3) to participate in interviews for evaluation purposes. The above potential imagery, surveys and interviews and reproduction will be conducted by certified KYR staff/coaching and may be used for sole marketing of KYR.

Parent / Guardian Signature: _____

Relationship to Student: _____(Parent/Guardian)

Date: _____

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TRANSPORTATION AND MEDICAL RELEASE & PERMISSION TO TREAT

I hereby give my consent for KYR to provide first aid responder, athletic trainer services and/or other medical care and treatment, emergency medical services, and transportation associated with my child's ("Participant's") participation in KYR activities and events if deemed necessary by a certified first aid responder, and within the guidelines according to the USA Rugby Emergency Action Plan and Basic First Aid Treatment.

My child has been medically evaluated by a licensed physician to be in good physical and mental condition and I am not aware of any disease or injury that would result in Participant being injured or injuring others during participation in the KYR activities and events.

This is to certify that I, as the parent/guardian of the Participant, have explained to my son/daughter the aforementioned stipulated conditions and their ramifications, and I consent to his/her participation in the KYR activities and events.

ACKNOWLEDGED AND AGREED TO BY: _____

Parent/Guardian Signature: _____

Date: _____

Relationship: _____

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.