

Parental Waiver, Consent and Registration Form

As a parent or legal guardian of _____, I hereby give my full consent and approval for my child to participate in the St Thomas Aquinas Rugby Football season.

I understand that there are certain risks inherent in playing the sport of rugby, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below.

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless any coaches, sponsors, supervisors and trainers for any injury that may be suffered by my child in the normal course of participation in the activities incidental thereto, whether the result of negligence or any other cause.

I also give permission for my child to be transported to practice, games or events by a parent, guardian, and/or member of the team or coaches. In an emergency, if I am not able to be reached immediately, I authorize any member of the coaching staff or parent to give my insurance information on my behalf to have my child treated.

PLAYER INFORMATION (please print all information neatly):

| | | |
|----------------------|------------------------|---------------------|
| Name: _____ | Graduation Year: _____ | School _____ |
| Date of Birth: _____ | Home Phone #: _____ | Cell Phone #: _____ |
| Email: _____ | | |
| Full Address: _____ | | |
| City: _____ | State: _____ | Zip: _____ |

PARENT/GUARDIAN INFORMATION:

| | |
|------------------------------------|---------------|
| Father/Guardian's full name: _____ | Home #: _____ |
| Email: _____ | Cell #: _____ |
| Mother/Guardian's full name: _____ | Home #: _____ |
| Email: _____ | Cell #: _____ |

MEDICAL/ADDITIONAL EMERGENCY CONTACT INFORMATION:

| |
|---|
| Medical Insurance Information: _____ |
| Policy Holder and Number: _____ |
| Emergency Contact and Phone Number: _____ |
| Please list any physical limitations (allergies, hearing, sight, etc.): _____ |
| _____ |

I have read the above information and understand.

PLEASE PRINT (Parent Name) _____

Parent Signature _____

Date _____