**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 Grand Haven Rugby Team (the “Team”). The “Undersigned” understand and agree that participation includes, but is not limited to, practice sessions, games, meetings, functions, fund-raising, 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 player and students. The Undersigned understand that some drivers may be underinsured and the Undersigned agree to supplement their insurance to provide for sufficient underinsured coverage to compensate for any losses resulting from injury or death in connection with a transportation mishap and the Undersigned otherwise waive claims against any driver beyond his or her insurance coverage as well as against any Grand Haven Rugby coaches and staff and against Michigan Youth Rugby Association, Union officials, and administrators.

2. The Undersigned understand and agree that the team is not sponsored by Grand Haven High School or the Grand Haven Area Public 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 players on the team may include boys 19 years of age and younger and that the team will only compete against other youth teams.

5. 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 accompany participation. The Undersigned agree that they will not hold the Team coaching staff and Michigan Youth Rugby Association or 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.

6. The Undersigned understand that personal health and medical insurance must be carried for the Player and that the club does not carry individual participant medical insurance.

RELEASE AND WAIVER OF LIABILITY: IN CONSIDERATION OF PLAYER’S RIGHT TO PARTICIPATE, THE UNDERSIGNED HEREBY RELEASE, DISCHARGE AND COVENATN NOT TO SUE the coaches officials and/or administrators of the Team, the Youth Rugby Association, Michigan Rugby Union, Grand Haven High School, and Grand Haven Area School District, and sponsors and workers. 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 ON ACCONUNT OF INJURY, DISABILITY OR DEATH, WHETHER CAUSED BY THE NEGLIGENCE OF THE ABOVE REGERRED 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 voluntarily 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.

7. The Undersigned understand that there may not be a medical physician or trainer at the Team’s games or practice sessions.

8. 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 the 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; and

f. To see that Player keeps his personal life clean and in accordance with laws and regulations.

9. The Undersigned agree to accept all responsibility, including medical and financial for participation, to pay the fee of **$130.00 per player** which fee covers registration (MYRA and USA Rugby), uniforms, field equipment, first aid kit, etc. The Undersigned understand that each player must play in a regulation uniform which consists of a jersey, shorts, socks, and approved shoes.

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

**Grand Haven Rugby Football Club**

**Authorization to Consent to Medical Treatment for Minor**

I (we), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of the city of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of the county of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Michigan, do hereby state that I am (we are) the natural parent(s) (legal guardian(s)) having legal custody of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a minor, age \_\_\_\_\_\_\_\_\_, born \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_, who resides with me (us) at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

In connection with my (our) child’s participation on the Grand Haven Rugby Team, I (we) authorize any accompanying adult bringing my (our) child to your treatment facility to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor under the general or special supervision, and on the advise of any physician or surgeon who is licensed to practice when the need for such treatment is immediate, and when efforts to contact me (us) are unsuccessful. Valid Feb. 1 - June 1, 2017 inclusive.

I (we) understand that I (we) assume all liabilities and expenses for the above. I (we) waive all claims against the above referred adult, physicians, hospitals and their employees, ambulatory care, etc. in connection with the decisions for such immediate care.

To contact me (us) call: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s allergies, if any \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medicines child is taking: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Policy Holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(X) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (X) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

**Michigan Youth Rugby Association (M.Y.R.A.)**

**Grand Haven Rugby Football Club**

**Club Rules and Expectations**

1. No Drugs or Alcohol

2. Appropriate Sportsmanship is expected at all times.

3. Players are expected to make practices. No practice, no play.

4. No one sits on the bench. Everyone gets to play.

5. Each player will maintain a high degree of fitness, individual training outside of practice is expected.

6. Each player will wear a mouth guard at practice and in games.

7. More experienced players are expected to teach and encourage less experienced players.

8. Absolutely no badmouthing of teammates (mistakes or inexperience), opposing players, or referees.

9. Players will provide their own transportation to and from activities.

10. Players must have a signed waiver and consent form on file with coach.

11. Players must carry individual medical and health insurance.

12. Players will invite and encourage family and friends to attend all matches and functions.

13. All participants are expected to adhere to the district’s Athletic Code.

14. All participants are encouraged to get a physical before practicing.

15. All participants are expected to pay the club dues ($130.00) which cover Rugby Michigan/USA Rugby registrations ($80) and club expenses ($50). (All coaches are volunteer and are not paid.)

Player’s Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Player’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_