



SALT Rugby Club Medical Information Form

Name of Player: _____ Gender: _____ D.O.B: ____/____/____

Email: _____ Mobile: _____

Parent/Guardian Name: _____ Mobile: _____

Email: _____

MEDICAL HISTORY

	Yes	No
Are you aware of any current health problems?		
Has there been any surgery, injury, illness, allergy or change in health status in the last year?		
Is there a history or current disease or problems regarding the following? If yes, please answer the questionnaire below:		

	Yes	No		Yes	No
Asthma			Diabetes		
Concussions			Appendicitis		
Attention Deficit Disorder			Heart trouble		
Rheumatic fever			Epilepsy		
Seizure			Deformity		
Hernia (rupture)			Nervous condition		
Surgery			Convulsions		
Back, limbs or joints			Chest and lungs		
Nose, sinus, tonsils			Teeth		

SPORT-SPECIFIC INJURIES

Include any type of injury, date and if hospitalization or surgery was required.
Head:
Spine:
Shoulder:
Knees:
Ankles:
Other:

Medical Information Form

Has it ever been necessary to restrict the players activities for medical reasons YES NO

If yes, please explain:

Does the player take medication (prescription or over the counter) on a regular basis? YES NO

If yes, please list in detail the drug, dosage and the frequency.

Any medical information that will require special care by the SALT Rugby Club coaches or managers:

YES NO

If yes, please explain:

PARENT OR GUARDIAN SIGNATURE

Player (Must be signed if age 18 & Older)	Parent/Guardian
Signature:	Signature:
Print Name:	Print Name:
Date:	Date:

SALT RUGBY CLUB WAIVER AND RELEASE OF LIABILITY AGREEMENT

Definitions & Construction:

For brevity, as used in this agreement, the following words and phrases have the meanings set forth below.

"Activity" means the sport of amateur rugby and encompasses any and all activities related thereto, including without limitation, participation in travel, practice, games, tournaments and other events and activities sponsored by or through the Club.

"Club" means the SALT Rugby Club, a Texas nonprofit corporation, and also encompasses its members, directors, officers, employees, volunteers, agents and other representatives.

"Parent" means each parent or legal guardian of a Participant that is a minor.

"Participant" means the person identified as the Participant in the signature line below. A Participant may be a player, coach, or other person affiliated with the Club.

Use of the words "I" or "my" in this agreement in relation to a minor shall refer (i) to such minor and (ii) to each of such minors Parents. Whenever the context may require, any pronoun used in this agreement shall include the corresponding masculine, feminine or neuter forms, and the singular form of nouns, pronouns, and verbs shall include the plural and vice-versa.

Medical Insurance and Eligibility:

1. I represent and warrant to the SALT Rugby Club, a Texas nonprofit corporation (the "Club") that I currently have and will maintain throughout my participation in the Activity (defined below), medical insurance that contains NO RESTRICTIONS PERTAINING TO ACCIDENTS THAT OCCUR DURING PARTICIPATION IN SPORTS. I acknowledge and agree that such insurance will be my primary source of insurance coverage should medical treatment be necessary as a result of my participation in the Activity.

2. I represent and warrant to the Club that I am not suspended or banned from play or participation in the Activity by any club, local area union, territorial union, national union, or other organization related to the Activity.

Waiver & Release, Assumption of Risk and Parental Indemnification

1. I represent and warrant to the Club that I am familiar with and understand the nature and dangers of the Activity and that I am qualified to participate in the Activity. I acknowledge that the Activity may be conducted on premises and/or in facilities open to the public. I represent and warrant to the Club that if at any time I believe the Activity, the condition of such premises or facilities, or any other element or component of the Activity is unsafe, I will immediately cease further participation in the Activity.

2. I acknowledge that: (a) the Activities offered by the Club involve risk and the danger of SERIOUS BODILY INJURY, INCLUDING WITHOUT LIMITATION, THE POTENTIAL FOR PERMANENT DISABILITY, PARALYSIS AND DEATH (collectively, the "Risks"); (b) the Risks may be caused or exacerbated by: (i) my own acts and/or omissions; (ii) the acts and/or omissions of others participating in, coaching and/or officiating the Activity; (iii) the condition of the premises and/or facilities on or in which the Activity is conducted; and/or (iv) the equipment used by myself or others during the Activity; and (c) the Risks may be caused or exacerbated by other elements or factors which are either unknown or not reasonably foreseeable at this time.

3. In consideration of the Participants involvement in the Activity, the undersigned Participant, and such Participants Parents (if the Participant is a minor), on behalf of such Participant and his or her Parents, and their respective heirs, executors, administrators and personal representatives, do hereby (i) ASSUME THE RISK OF AND THE FULL RESPONSIBILITY FOR, (ii) RELEASE, WAIVE AND DISCHARGE, AND (iii) AGREE TO INDEMNIFY AND HOLD HARMLESS, the Club, its Board of Directors, Coaches, (collectively, the "Releasees") from any and all liability, loss or damage (including without limitation all economic loss and loss of consortium) for the illness, personal injury or death of the Participant, and any to third-party, arising out of or relating in any manner to the Participants involvement in the Activity, **REGARDLESS OF WHETHER SUCH ILLNESS, PERSONAL INJURY OR DEATH IS CAUSED IN WHOLE OR IN PART BY THE SOLE, CONTRIBUTORY OR CONCURRENT NEGLIGENCE, STRICT LIABILITY OR FAULT OF ANY ONE OR MORE OF THE RELEASEES AND REGARDLESS OF WHETHER ALLEGED TO BE OR ACTUALLY CAUSED IN COMBINATION WITH THE SAME OR SIMILAR CONDUCT BY ANY THIRD-PARTY. EACH SIGNATOR BELOW REPRESENTS AND WARRANTS THAT HE OR SHE HAS READ THIS AGREEMENT, FULLY UNDERSTANDS ITS TERMS, UNDERSTANDS THAT HE OR SHE HAS GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAS SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTENDS IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW, AND FURTHER AGREES THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE REMAINDER SHALL CONTINUE IN FULL FORCE AND EFFECT.**

DISCLOSURE AND BACKGROUND CHECK

Each coach or other person executing this agreement represents and warrants that he or she has read and understands that he or she may be disqualified and/or prohibited from serving as an employee or volunteer of the Club if, among other things, he or she has:

1. Been convicted (including crimes of record which have been expunged and pleas of “no contest”) of any crimes against children, including, but not limited to, crimes of child abuse, sexual abuse of a minor, physical abuse, causing a child’s death, neglect of a child, murder, manslaughter, felony assault or any assault against a minor, kidnapping, criminal sexual conduct, prostitution-related crimes, child pornography, or obscenity;
2. Been convicted of, or pleaded guilty to, or pleaded no contest to, any other felony not listed above;
3. Been adjudged liable for civil penalties or monetary damages, or been subject to any court order (including, but not limited to, a domestic protection order), for acts or omissions involving sexual, physical or verbal abuse;
4. Had his or her parental rights terminated;
5. A history with another organization (volunteers, employment, etc.) of complaints of sexual, physical or verbal abuse;
6. Resigned, been terminated, or been asked to resign from a position, whether paid or unpaid, due to one or more complaints of sexual, physical or verbal abuse;
7. Within the past ten (10) years has been convicted of, or pleaded guilty to, or pleaded no contest to, any alcohol or drug related driving offense; and
8. A history of any other crime or action that bears upon my fitness to have responsibility for the safety and well-being of children.

I the undersigned (Full Name): _____ have read and understand this agreement. Therefore by signing the document I agree to the above.

Player (Must be signed if age 18 & Older)	Parent/Guardian/Coach/Manager
Signature:	Signature:
Print Name:	Print Name:
Date:	Date:

Parent Authorization to Consent to Treat

If, in the judgment of the adult leader in charge, the below named player needs immediate care and treatment as a result of any injury or sickness, I, the undersigned parent/Legal Guardian of: _____, a minor, do hereby request, authorize and consent to such care and treatment as may be given to my child. I hereby AUTHORIZE the **SALT Rugby Club** as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable and is to be rendered under the general or special supervision of any licensed physician/surgeon, whether such treatment is rendered at the office of the said physician/surgeon or at hospital.

Player (Must be signed if age 18 & Older)	Parent/Guardian
Signature:	Signature:
Print Name:	Print Name:
Date:	Date:

Website, Photograph & Video Authorization

I hereby authorize that SALT Rugby Club has the absolute and irrevocable right and permission to use, reuse or publish all photographs and video of the rugby player referenced in this registration. Photographs and videos recordings taken in the course of activities associated with the SALT Rugby Club may be posted in written publications, social media outlets such as Facebook, Twitter, Instagram and You Tube and the like. Further, I grant to the SALT Rugby Club, and those the club may represent, the right to use the rugby player's name in connection with the Club's activities and promotions. The intended use of photographs, videos and names is to promote the Club's activities on the Club's website saltrugby.com or texasrugby.org, usarugby.org and in other media—such as newspapers, school bulletins, radio or television.

I have fully read the above and completely understand and by signing below authorize the above.

Name of Player: _____ D.O.B. ____/____/____

Player (Must be signed if age 18 & Older)	Parent/Guardian
Signature:	Signature:
Print Name:	Print Name:
Date:	Date: