

JESUIT HIGH SCHOOL RUGBY TEAM 2006 SEASON

Membership application, agreement and waiver.

COMPLETE ONLINE, PRINT, SIGN

Name _____

Address _____

Home Phone _____

Birth Date _____ Year of Graduation _____

Height _____ Weight _____

Student Email _____

Parent Email _____

Medical Insurance _____

Policy Number _____

Drive to Matches

Emergency Contact: _____

Phone: _____

AGREEMENT and WAIVER

I am a currently enrolled full - time Jesuit High School Student. I understand that rugby football is a physical contact sport. I understand that injuries can occur due to the contact and that, in rare instances, catastrophic injuries and spinal cord injuries can occur. I have my parents' or legal guardians' permission to play and practice rugby football and to travel to matches and related activities which are conducted under the auspices of the Northern California Rugby Football Union (NCRFU), The Pacific Coast Rugby Union, The USA Rugby Union and Jesuit High School. I take complete responsibility for my health, including injuries or accidents I sustain while participating or traveling to or from participating. I am

covered by health and accident insurance for these activities and I agree to hold harmless Jesuit High School, the coaches and officials of the NCRFU from any liabilities connected with my participation, except those caused by gross negligence. I agree to abide by the coaches' decisions in all matters related to my participation and to comport myself according to the laws and the rules of the sport.

As a parent or legal guardian of the applicant, I acknowledge the terms of his agreement to participate and authorize his participation in the NCRFU Youth Rugby program. I have read and understand the preceding paragraph. If he is injured while I am unavailable, I authorize the coaches or officials of the NCRFU as my agent to consent to any medical examinations, diagnoses, anesthesia or emergency treatment and hospital care, including surgery, that is deemed necessary by and is to be rendered under the general or special supervision of any physician licensed under the California Medical Practice Act. This authorization is given pursuant to Section 25.8 or successors of the Civil Code of California.

The undersigned have read, understand and agree to the terms of this waiver and agreement.

Applicant (print name) _____

Date _____

Applicant Signature _____

Parent/Guarding (print name) _____

Date _____

Parent/Guardian Signature _____