

DAVIS RUGBY FOOTBALL CLUB (DRFC)

2014 / 2015 Voluntary Activity and Medical Authorization Form for Minor

Dear Parent / Guardian: Please complete and return this form to the DAVIS RUGBY FOOTBALL CLUB.
Please Print Legibly.

My child, _____, has my permission to participate in any and all home and away practices, scrimmages, matches, tournaments and tours, and all other activities related to his/her participation in this sport, including the transportation to and from such events, regardless of the mode, method or means, and any type of accommodations related to such activities.

I fully understand that my child is to abide by all the rules, regulations and requirements governing his/her conduct during these activities. Any violation of these rules, regulations or requirements may result in his/her being sent home at or by his/her parent's time, means of transportation and expense.

I fully understand that I hold harmless and indemnify the DAVIS RUGBY FOOTBALL CLUB, its officers, agents, employees, coaches, trainers, managers, and all other participants acting in any capacity on behalf of the DAVIS RUGBY FOOTBALL CLUB, and all other participants, including opposing players and touring side hosting families, from any injury or death related to any and all participation in these activities.

Authorization for Medical Treatment

In case my child is injured, I hereby authorize the medical treatment of my child (name listed above). I will contact the DAVIS RUGBY FOOTBALL CLUB if and when any of the following information changes.

Work Phone: _____ Home Phone: _____

Mobile Phone: _____ Other Phone: _____

Family Doctor: _____ Doctor
Medical Phone: _____

Insurance: _____ Policy #: _____

Important health information (allergic reaction, medications, previous conditions, etc.): _____

All medications must be in original container and, except those which must be kept on the child's person for emergency use, must be kept and distributed by the DAVIS RUGBY FOOTBALL CLUB's responsible person (coaches, trainers, managers). If any medication is to be taken by the child, please note here:

_____ Check here if there are **no special medical problems about which the DAVIS RUGBY FOOTBALL CLUB should be aware** regarding your child's participation in all such activities described above.

Signature of Parent / Guardian

Date