

Tennessee High School & Middle School Rugby

Player Participation Form



TEAM _____

Player Name _____

Address _____

City _____ State **TN** Zip _____

Phone (home) _____ (cell) _____

Email Address _____

Height _____ Weight _____ Date of Birth _____

School _____ Grade _____

Medical Insurance Provider _____ Group # _____

Please Give Any Details Of Any Medical Conditions (this includes any orthopedic injuries, allergies, breathing or heart conditions, head injuries or concussions, seizures, special equipment needs, surgeries, and any other conditions or concerns your coaches or officials should know about). Use the back of this form if needed, but explain in detail.

List the organized sports you have participated in: _____

In case of an accident, contact: _____ Phone _____

WAIVER OF LIABILITY: By signing below, it is hereby understood that the participant and their parents or legal guardian recognizes the risks associated with RUGBY. Rugby is a contact sport and certain hazards do prevail. Rugby is an amateur sport and all participation is voluntary. By signing below, all parties involved waive any right to file suit and agree to hold harmless the members, coaches, officers, and volunteers associated with Tennessee High School Rugby and any other rugby club or union, which may be associated with the program.

Player Signature _____

Date _____

Mother's name _____

Father's Name _____

_____ Date _____

Parent Signature

_____ Date _____

Parent Signature

Email _____

Phone _____ h _____ w _____

Email _____

Phone _____ h _____ w _____

We encourage parental involvement. Parents are welcome to attend practices and encouraged to attend games. Please do not hesitate to call or email us with any questions or concerns.