



Woodlands Youth Rugby Club
Youth Sports
MEDICAL RELEASE FORM
(Please complete form legibly)

I hereby give permission for any and all medical attention necessary to be administered to (youth sports participant) _____ in the event of an accident, injury, sickness, etc., under the direction of coaches, club representatives, and/or onsite medical personnel, until such time as I may be contacted.

The release is effective for the time during which my child is participating in the Woodlands Youth Rugby Club activities. I also hereby assume the responsibility for payment of such treatment.

Parents Name: _____

Home Address: _____

Home Phone: _____ Cell: _____

Insurance Company: _____ Policy #: _____

Family Physician: _____ Physician's Phone # _____

Physicians Address: _____

Player's Allegies: _____

Additional Medical Condition(s) that the coach should know about? _____

IN CASE I CAN NOT BE REACHED, EITHER OF THE FOLLOWING PEOPLE IS DESIGNATED

Name _____ Phone Number _____

Name _____ Phone Number _____

I parent/guardian, hereby waive any or all rights, claims for damage arising from injury received while my child is playing, walking, or being transported to games or other activities. I also hold harmless Woodlands Rugby, its directors, organizers, coaches, sponsors, managers, or any other supervisor appointed for any injury incidental to the activities or transportation to and from these activities.

Signature of Parent/Guardian _____ Dat _____

Please submit completed form or download and print completed form