

Medical Waiver and Insurance Form

I _____ being the PARENT and/or GUARDIAN

of _____ grant permission for him/her to participate in rugby football. In consideration of this opportunity afforded him/her, I do by release Kenosha Vultures High School Rugby Club and its members from all actions, causes of actions, damages, claims and demands, in law or in equity, or every kind and character I may now or hereafter have against them.

I do hereby authorize Kenosha Vultures High School 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 by, and is rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the medicine practice act, whether such a diagnosis or treatment is rendered at the office of said physician or hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of Kenosha Vultures High School Rugby Club to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. This authorization shall remain effective as long as he/she participates in this sport/activity with Kenosha Vultures High School Rugby Club unless revoked sooner in writing and delivered to Kenosha Vultures High School Rugby Club.

The participant MUST provide his/her own accident/medical insurance coverage to participate AND have completed the Medical History Form. Please complete the following information and provide a copy of the policy or insurance card for verification.

Insurance Company _____ Insurance Phone (____) _____

Policy/ID Number _____ Group Number _____

Player Date of Birth _____ Primary Physicians Name _____

Primary Physicians Address _____

Primary Physicians Phone (____) _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature _____ **Date** ____/____/____