



# SACRAMENTO EAGLE RUGBY CLUB

## 2016 / 2017 Voluntary Activity and Medical Authorization Form for Minor

Dear Parent / Guardian:

Please complete and return this form to the team administrator or coach.

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 **Sacramento Eagle Rugby Club (SERC)**, its officers, agents, employees, coaches, trainers, managers, and all other participants acting in any capacity on behalf of the **SERC**, 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)

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 **SERC'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 SERC should be aware** regarding your  
child's participation in all such activities described above.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date