

MEDICAL AUTHORIZATION AND INFORMATION

I/We do hereby authorize Sylvia Soto, Tim Hoffman, Kurt Dulka, Francis Mariner, Drew Reimers, Jon DiMauro, Chris Davis, Tim FitzGerald, Daniel Benjamin, Ian Williams, OR Michael Ireland, individually, as AGENTS for the PLAYER named below. At our (parents' and player's) sole expense, any AGENT may consent on behalf of PLAYER to any X-ray examination, anesthesia, medical or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician or surgeon licensed under the laws of the location where treatment is rendered; or any X-ray examination, anesthesia, dental or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any dentist licensed under the laws of the location where treatment is rendered.

This authorization is given in advance of any specific diagnosis, treatment, or hospital care to provide authority and power on the part of any AGENT to give specific consent to any and all such diagnosis, treatment, or care which aforementioned physician, surgeon, or dentist, in the exercise of his/her best judgment, may deem advisable. This authorization is given pursuant to the provisions of California Family Code §6910.

I/We authorize AGENTS to provide PLAYER with any "over the counter" medicines (e.g., aspirin, Tylenol (acetaminophen), Advil (ibuprofen), Claritin (allergy), vitamins, minerals, salts, etc.) for self-administration.

I/We do hereby authorize AGENTS to provide to PLAYER first aid and to evaluate, treat, and rehabilitate existing or new injuries to PLAYER, which may include stretching, taping, icing, warming, massage, cleaning and bandaging cuts and abrasions, applying topical treatments (e.g., Neosporin, hydrogen peroxide, hydrocortisone, iodine, Bactine, Tiger Balm, etc.) or referring PLAYER to other medical or dental professionals.

These authorizations shall remain effective **FOR ONE YEAR FROM THE DATE BELOW**. The medical information provided below is accurate and complete to the best of my/our knowledge and may be shared among AGENTS, Orca Rugby coaches, and with medical professionals assisting PLAYER.

I/WE ACKNOWLEDGE THAT ORCA RUGBY STRONGLY RECOMMENDS EVERY PLAYER UNDERGO AN ANNUAL THOROUGH PHYSICAL EXAMINATION BY A LICENSED MEDICAL PROFESSIONAL TO ENSURE THE PLAYER IS FULLY CAPABLE OF PARTICIPATING IN THE PUNISHING AND SEVERELY DEMANDING SPORT OF FULL CONTACT RUGBY.

PLAYER's Name (print)	Signature	Date
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If PLAYER is under the age of 18, a parent or legal guardian must sign:

I have legal authority to consent to medical treatment of the minor PLAYER named above. I hereby authorize and consent to medical and dental treatment of the minor PLAYER as stated above. I hereby authorize any medical facility which has provided treatment to the minor PLAYER to surrender physical custody of PLAYER to any AGENT upon completion of treatment pursuant to California Health and Safety Code §1283. I further authorize AGENTS to provide to the minor PLAYER first aid and evaluation, treatment and rehabilitation of existing or new injuries as stated above. I guarantee payment of all expenses incurred for minor PLAYER for emergency transportation and/or treatment by licensed medical and dental professionals as described above.

Minor PLAYER's Parent/Guardian Name (print)	Signature	Date
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ATTACH COPY OF BOTH SIDES OF INSURANCE CARD

MEDIA WAIVER

I/We do hereby authorize and give my/our full consent to Orca Rugby, SCYR, or SCRFU (collectively, the “Publishers”) to copyright and/or publish any and all photographs, images, videotapes, film, web casts/podcasts, and any other form of visual/audio communications in which I appear while attending any rugby-related events (as a player or otherwise). To publicize, document, and assist the media in reporting rugby events or to publicize or promote rugby, the Publishers may publish (print, electronic, or online) photographs of me, my name, my home town, my school, my club affiliations, personal statistics (age, jersey #, position, CIPP#, etc.), or other biographical and personally identifiable player information in any form including a media guide or press release. I further agree the Publishers may transfer, use, or cause to be used, these communications and publications for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations and without compensation to me.

The Publishers will not distribute my telephone number, home address, or email address to anyone except the Publishers and staff and players in my club, and to agencies (park districts, cities, funding entities, USA Rugby, etc.) as required to obtain permits, insurance, or other authorizations needed to conduct or fund rugby activities.

PLAYER’s Name (print)

Signature

Date

If under the age of 18, a parent or legal guardian must sign. I have legal authority to consent to the release of information concerning the minor PLAYER named above. I hereby authorize and consent to Publishers’ use and release of information concerning the minor PLAYER as described in detail above.

Minor PLAYER’s Parent/Guardian Name (print)

Signature

Date

RUGBY

PLAYER MEDICAL INFORMATION DATED:

Player's **FULL** Name Cell Phone Date of Birth

Home Street Address Email

Home City State Zip School

Mom

Dad

Other Name Cell Phone Email

Current Doctor/Clinic Name Phone

Medical Insurance Company Policy # Phone

Check all that apply to **PLAYER NOW**:

- heart murmur asthma inhaler diabetes EpiPen epilepsy
- dental braces hemophilia hearing aid dental appliance (retainer) contact lenses

Any other medical concerns?

Check all that apply to **PLAYER** in the **LAST YEAR** and explain briefly:

- hospitalized surgery stitches lost tooth ulcer insomnia
- concussion fainted/lost consciousness seizure back or neck injury
- ill in bed > 4 straight days painful muscle cramps painful period cramps
- fractured/broken/dislocated bone cast/splint joint injury tendonitis muscle injury

List **ALL** known allergies (examples: soy, peanuts, penicillin, bees, latex, etc.):

List **ALL** medicines, vitamins/herbs, prescriptions currently taken (examples: Hydroxycut, Centrum vitamin, ginseng, birth control, creatine, etc.):

Date of last immunizations (mm/yr): *(recent Tetanus highly recommended)*

- Diphtheria, Pertussis, Tetanus (DPT) Tetanus (alone) Polio Hepatitis B
- Chicken Pox Measles Mumps Rubella MMR (as one shot)