

USA CLUB RUGBY WAIVER
Exceptional 17 Year Old (U18) Participation on Senior Club/Adult Rugby Teams
Under-19 Year-Old (U19) Participants Playing Front Row on Senior Club/Adult Rugby Teams

High School and U18 players competing in Adult (college, senior club) rugby will no longer be eligible for Youth/High School rugby. This waiver is required for U18 participation in Adult contact activities (practices, games, scrimmages) in any rugby code.

USA Club Rugby Policy.

U18 players, and **U19 front row** players, should not normally play for a Senior Rugby Club. USA Rugby requires approved waivers, prior to any participation, for U18 players, and U19 front row players, in Senior Club Rugby.

Only players who are at least 17 years of age can apply for this waiver.

Players accept all responsibility and risks associated with playing Senior Club Rugby, and must supply the necessary signatures. Coaches allowing any **U18, or U19 front row**, player to participate in Senior Club Rugby without an approved waiver are subject to sanction.

Records.

The Senior Club must maintain a full record of the consents, confirmations and agreements obtained in relation to each **U18/U19 front row** player who participates in any Senior Club Rugby practice or match. Completed written agreements shall be made available for review upon request of any match opponent or USA Club Rugby administrator.

Waiver.

In order to request a waiver, the Participant/Club must complete and submit ALL of the following:

- _____ Confirmation for the **U18/U19 Front Row** player to participate in Senior Club Rugby (player, parent/guardian, club coach).
- _____ Copy of Player's birth certificate (**required both U18/U19**).
- _____ Copy of Medical History/Physical, completed and signed by medical professional (**required both U18/U19**).
- _____ All members of the Senior Club must complete SafeSport certification (<https://usa.rugby/safesport>). (**U18 only**)
Contact seniorclubeligibility@usa.rugby for more details/to set club up to take the SafeSport module.

Senior Club Name: _____

WRITTEN AGREEMENT FOR U18/U19 FRONT ROW PLAYER TO PLAY SENIOR CLUB RUGBY.

No **U18/U19 Front Row** player shall train, practice, play, or be eligible to play, senior club rugby without having first completed all applicable portions of the written agreement below.

Per the USA Club Rugby Eligibility Regulations, the Undersigned consent to allow the player listed below to play Senior Club Rugby, to accept all responsibility and risks associated with playing Senior Club Rugby, and to accept any and all associated risks of playing with adults, who may be stronger and more physically developed than the player.

The Undersigned confirm that the player has an appropriate understanding of the physical attributes required of, and the risks to players, playing Senior Club Rugby and that the player has the requisite skills and experience to play Senior Club Rugby.

The Undersigned confirm their understanding that the player will no longer be eligible for their youth or high school rugby team on competing (games or scrimmages, in sevens, fifteens, or any other rugby denomination) with a Senior Club.

We, the undersigned player, parent or guardian, and coach, by signing this written agreement, agree that this document constitutes the required written agreements and consents required by USA Club Rugby for **U18/U19 Front Row** players to participate in Senior Club Rugby, thereby allowing the following player to participate in contact rugby activities with this Senior Club:

Player Name (Print)	Signature	Date
U18 Player's Parent/Legal Guardian Name (Print)	Signature	Date
Senior Club Coach Name (Print)	Signature	Date

Present (scan/email) this completed document to the appropriate local Senior Club Union Officer.

Union Administrator (before signing approval/returning to club):

- _____ Confirm with Eligibility Chair/USA Rugby that Senior Club members completed SafeSport certification (www.usa.rugby/usa-rugby-safesport/).
- _____ Confirm waiver and medical history are complete with all required information, signatures, no significant issues, player is at least 17 years of age.

Senior Club Union Administrator	Signature	Date
---------------------------------	-----------	------

MEDICAL HISTORY
Must be signed by Medical Expert / Physician



PLAYER INFORMATION.

Name (First, MI, Last) _____ Today's Date _____

Date of Birth (MM/DD/YY) _____ / _____ / _____ Age _____ Gender _____

Phone _____

Email _____

Emergency Contact (Print Name) _____

Relationship _____ Phone _____

Please Circle No or Yes. List Details as requested. All information provided will remain CONFIDENTIAL and applied only to Emergency Circumstances.

NO / YES Any allergies (food, medication, etc)? If yes, please list:

NO / YES Over-the-counter and/or prescription medication taken regularly? If yes, please list:

NO / YES Ever diagnosed that have/had asthma or exercise-induced asthma? If yes, please list any medications:

NO / YES Ever had a hernia or rupture? If yes, list dates if repaired:

NO / YES Ever knocked-out, had a concussion or other closed head injury? If yes, list dates:

NO / YES Ever injured neck/back ligaments, nerves, bones or discs that created disability of at least one week? If yes, list injury and dates:

NO / YES Ever had a broken bone or fracture? If yes, please list bones, Right of Left, injury, dates?

NO / YES Ever injured shoulder/elbow/wrist that created disability of at least one week? If yes, list Right or Left, injury, dates:

NO / YES Ever injured knee ligaments? If yes, list injury, Right or Left, dates:

NO / YES Ever injured ankle and disabled at least one week (dislocation, sprain, separation)? If yes, list injury, dates, Right or Left:

NO / YES Currently have rod, pin, screw or plate? If yes, list where, injury, date:

NO / YES Wear contact lenses, removable dental appliances while participating in sport? If yes, list items:

NO / YES Ever experienced any major surgery? If yes, list procedure, dates:

NO / YES Current on all immunizations? List any special considerations:

The above questions have been answered completely and truthfully to the best of my knowledge. Signing this document releases all information to assist in the application of necessary emergency care.

Player / Guardian Signature Date

I have examined the above-named Under-18 prospective rugby player and completed the pre-participation physical evaluation. A copy of the physical exam is on record in my office and can be made available to USA Rugby at the request of the guardians. If conditions arise after the athlete has been cleared for participation, I may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

_____ **Yes - Cleared to participate in Rugby, a contact sport, without restriction.**

_____ **No - NOT Cleared to participate in Rugby, a contact sport, pending further evaluation.**

Licensed Physician Name Signature Date