



**Smoky Mountain Athletic Club
2009 Player Participation Agreement**

Player's Name _____

School / Club Name: _____

CONSENT

I (we) do hereby state that I am/we are the natural parent(s)/Legal guardian(s) having legal custody of the above named participant who resides with me/us at the above address.

In connection with my/our child's participation in rugby programs offered by the Smoky Mountain Athletic Club, Inc., I/we authorize any Smoky Mountain Athletic Club, Inc. official, coach, or staff member to consent to immediate medical and/or ambulatory care to be rendered to my/our child by a licensed trainer, paramedic, physician, or surgeon when the need for such treatment is immediate. I/we further hereby authorize any accompanying adult bringing my/our child to your treatment facility to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and/or hospital care to be rendered to my/our child under the general or special supervision and on the advice of any physician or surgeon who is licensed to practice when the need for such treatment is immediate, and when efforts to contact me/us have been unsuccessful. I/we understand that I/we assume all liabilities and expenses for the above. I/we waive all claims against SMAC, Inc., its officials, coaches, accompanying adults, physicians, hospitals and their employees, paramedics, and ambulatory care in connection with the decisions for such immediate care.

BELOW, PLEASE GIVE DETAILS OF ANY MEDICAL CONDITIONS

Include any orthopedic injuries, allergies, breathing or heart conditions, head injuries or concussions, seizures, special equipment, surgeries and any other conditions or concerns that the coaches and/or officials should know about. Use back of this form if needed, but explain in detail.

WAIVER OF LIABILITY (for all participants)

By signing below I acknowledge that participation in athletic events necessarily involves the risk of injury. Rugby is a contact sport and certain hazards do prevail. I further acknowledge that the programs of the Smoky Mountain Athletic Club, Inc. are primarily administered by volunteers rather than paid professionals. In consideration for accepting the registration of the named individual and permitting the voluntary participation of said individual in its programs, I hereby release, discharge, and hold harmless The Smoky Mountain Athletic Club, Inc., its volunteers, and other rugby clubs, rugby unions, leagues, or organizations which may be associated with this program and camp from any claims arising out of or relating to any physical injury that may result to said individual while participating in these events.

Player Signature **Date**

PARENTAL ACKNOWLEDGMENT (if Under 18)

The parent/guardian certifies that my son/daughter has my permission to participate in rugby events. The parent/guardian has read the WAIVER OF LIABILITY and by accepting the waiver intentionally and voluntarily agrees to its terms and conditions. The parent/guardian further certifies that my son/daughter is in good physical condition and is able to safely participate in the sport of rugby. I hereby authorize medical treatment for him/her and grant access to my child's medical records as necessary.

Parent / Guardian Signature **Date**
(Also serves as emergency contact)

Parent / Guardian Printed Name

Phone Number

Fee Waiver / Reduced Fees

Please check the above box if the student is eligible for the Fee Waiver or Reduced Fees Program through the School System, and he/she would like to be considered for reduction of participation fees with SMAC.