



DEVELOPING YOUTH
THROUGH RUGBY

PARTICIPATION CONSENT

TRANSPORTATION AND MEDICAL RELEASE

I hereby give my consent for Play Rugby USA to provide athletic trainer services and other medical care and treatment, emergency medical services, and transportation associated with my participation in the (name of camp) _____(the "Camp").

If the program in which I am participating includes psychological, physiological, and/or biomechanical evaluations, I consent to those evaluations, which pose no unusual risk or hazards when customary safeguards are observed.

I swear that I am in good physical condition and I am not aware of any disease or injury that would result in my being injured during my participation in the Camp.

This is to certify that I, as the parent/guardian of the participant, have explained to my son/daughter the aforementioned stipulated conditions and their ramifications, and I consent to his/her participation in the Camp.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Name (print) : _____

Relationship: _____

