



Illinois Youth Rugby Association-IYRA Parental/Guardian Consent Form

My son _____ has my permission to travel, play and/or practice with the IYRA.

I understand that IYRA does not provide any type of accident insurance. I am aware that playing in and/or practicing for any sport can be a dangerous activity involving risks of injury.

I understand IYRA does not assume any responsibility for loss or injuries sustained in practice, games, or travel to any club events.

By my signature below I give permission for my son to practice and/or play rugby. The terms hereof shall serve as a release and assumption of risk for heirs, estate, executor, administrator, assignees and for all members of my family.

Signature of Parent or Guardian

Date

Please attach a copy of your Insurance card and player's photo ID

Insurance information

Company: _____

Group Number: _____

Name of Insured: _____

Plan Number: _____

Insurance ID Number: _____

Emergency names/phones: _____

Please describe any medical conditions that the coaching staff should be made aware:
