## **Emergency Authorization Form**

## Chantilly Youth Association Rugby

**PLAYER INFO**  Player Name  Home Address  Player Phone			
		Player Email	
		School	Grade
		**PARENT/GUARDIAN INFO**	
Parent/Guardian Names			
		**EMERGENCY INFO**	
Emergency Contact			
Emergency Contact Phone #s			
Medical Insurance Provider			
Policy #			
parents of team member acting in the capacity emergency medical, surgical or dental examin these persons legally or financially responsible insurance. I also acknowledge that various pri- property owned by the Owners ("the property" other services for such athletic activities or the repair of the property. In addition, the undersign	ove named participant, a minor, do hereby authorize the coaches, assistant coaches, or of activity supervisors/vehicle drivers, as Agents for the undersigned, to consent to ation, treatment, etc., until a parent or legal guardian can be contacted. I will not hold e in any way. I understand that the Chantilly Youth Association does not carry accident vate and public landowners ("Owners") have agreed to allow CYA to use certain real ') for athletic activities, that Owners will not be providing any supervisory personnel or exproperty, and that Owners shall have no responsibility for supervision, maintenance or gned fully understands the risks inherent in participating in athletic activities and agrees her agrees that Owners shall have no responsibility or liability for any injury, harm or entry.		
Parent Signature	Date		