

USA Rugby Policy:

High School and Under 18 Year Old Participants Playing Elite or Adult Rugby (Effective August 2013)

Within this policy the following phrases have the following meaning:

- *Adult Rugby*: Rugby played by teams comprising players normally of 18 years of age and older. For the avoidance of doubt, this includes games played at the U20 level and rugby sevens. These teams would be registered with USA Rugby as 'Adult Clubs'.
- *College Rugby*: Rugby played by players who are enrolled in a college or university. These teams would be registered with USA Rugby as 'Collegiate Clubs'.
- *Elite Rugby*: Rugby played between representative teams of unions, cross-border rugby played between the senior clubs, provinces, states and other sub-unions or associations of unions.
- *Elite Adult Rugby*: Elite Rugby played by teams comprising players normally of 18 years of age and older.
- *High School Rugby*: Rugby played between players enrolled in high school or of high school age. These teams would be registered with USA Rugby as 'High School Teams/Clubs'. This includes high school single school, multi-school, community club teams and teams made primarily of High School Players.
- *High School All-Star Rugby*: High school all-star and select side teams, not including community club teams. These teams must be sanctioned by the State High School and Youth Rugby Organization (SBO), Geographical Union (Local Area Union or Territorial Union). Non-Sanctioned teams fall under 'High School Rugby'.
- *High School Player*: Players enrolled in high school, of any age, including 18 and 19 year olds.
- *Under 18*: Being under 18 years of age; a minor.
- *Exceptional Players*: Players showing exceptional talent and physical development, who are in USA Rugby's High School All American and Under 20 program and identified by the coaching staff of those national teams. To be considered eligible for this waiver players must have sign off from team coaches, parents, doctor and USA Rugby.

Policy:

High School and Under 18 players, who are not enrolled in college, are not permitted to play in Elite or Adult Rugby competitions or practices involving contact.

The waiver to allow rare, exceptional High School and Under 18 players, who are at least 17 years of age, to participate in Elite or Adult Rugby, is only for Exceptional Players with the physical and mental ability to compete in a physical and contact sport with adults, and must be approved through the USA Rugby national office before permission is granted. Players in High School and Under 18 that wish to participate in Adult or Elite rugby must be at least 17 years old to complete the waiver.

Coaches allowing Under 18 or High School players to participate in Elite or Adult rugby without a completed waiver and approval from the USA Rugby eligibility office are subject to sanction. Teams, both high school and adult, are also subject to sanction if found not following this policy.

*This policy and waiver is NOT for players enrolled in college. See usarugby.org/eligibility for

the collegiate waiver.

Records:

Any waiver for a High School or Under 18 player (not enrolled in college) must be submitted to USA Rugby for approval with all signatures completed. Submit to eligibility@usarugby.org.

For a Waiver to be complete, USA Rugby must receive:

1. A completed waiver (including Player, Parent, Coach and Doctor Signature)
2. A copy of the player's birth certificate (must be 17 years of age)
3. A copy of the Doctor's evaluation form completed and signed (provided below)

USA Rugby will then sign the waiver and the player will be allowed to compete.

The Club for whom the player wishes to play must:

- keep a full and permanent record of the process undertaken and the consents, confirmations and agreements sought and obtained in relation to each Under 18 player who plays in any Adult Rugby match, scrimmage or contact practice; and
- if so reasonably required by the player's State High School and Youth Rugby Organization (SRO), Local area Territorial Union or by USA Rugby, provide certification or evidence of the process that has been undertaken and the consents, agreements and confirmations obtained in accordance with the paragraphs above.

WRITTEN AGREEMENT FOR EXCEPTIONAL HIGH SCHOOL OR U18 PLAYER TO PLAY ADULT OR ELITE RUGBY

High School Players and Under 18 year old players are not permitted to participate in adult or elite rugby games, scrimmages or practices. Only players, with permission of the USA Rugby national office and are at least 17 years of age can utilize this waiver.

No player, who according to the USA Rugby Eligibility Regulations is required to complete this written agreement; shall train, practice, play, nor be eligible to play, adult/club, or Elite rugby without having first completed all applicable portions of the written agreement below. Completed written agreements shall be kept both in the records of the player's club and available for review upon request of any match opponent or administrator, and at USA Rugby's eligibility office.

As per USA Rugby Eligibility Regulations, the Undersigned consent to allow the player listed below to play "Adult" or "Elite" Rugby and also agree to accept all responsibility and risks associated with playing "Adult" or "Elite" Rugby and 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 "Adult" or "Elite" Rugby and that the player has the requisite skills and experience to play "College", "Adult" or "Elite" rugby.

We, the undersigned player, parent or guardian, coach, physician and team coach, by signing this written agreement, agree that this document constitutes the required written agreements and consents required by the USA Rugby Policy for Under 18s Playing Adult (Adult or Elite) Rugby, thereby allowing the following player to play Adult Rugby.

Player Name	USA Rugby Registration#	Signature	Date
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Coach Name	USA Rugby Registration#	Signature	Date
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Club Name	Contact Phone	Contact Email
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Parent or Legal Guardian – Name	Signature	Date
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Approving Physician Name	Signature	Date
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USA Rugby Approval - Name (granted after submission)	Signature	Date
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*Please scan and submit completed document to eligibility@usarugby.org for evaluation



Preparticipation Physical Evaluation HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? [] Yes [] No If yes, please identify specific allergy below. [] Medicines [] Pollens [] Food [] Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

Table with columns: GENERAL QUESTIONS, HEART HEALTH QUESTIONS ABOUT YOU, HEART HEALTH QUESTIONS ABOUT YOUR FAMILY, BONE AND JOINT QUESTIONS. Rows include questions about doctor visits, medical conditions, hospital stays, heart symptoms, family history, and injuries.

Table with columns: MEDICAL QUESTIONS, FEMALES ONLY. Rows include questions about breathing, asthma, organ issues, skin problems, seizures, muscle cramps, vision, and menstrual periods.

Explain "yes" answers here

Blank lines for explaining "yes" answers.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____



Preparticipation Physical Evaluation

THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	Yes	No
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

Please indicate if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

Preparticipation Physical Evaluation

PHYSICAL EXAMINATION FORM



Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION			
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female	
BP / (/)	Pulse	Vision R 20/	L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat • Pupils equal • Hearing			
Lymph nodes			
Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only) ^b			
Skin • HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic ^c			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
^bConsider GU exam in private setting. Having third party present is recommended.
^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
 Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

- Not cleared
- Pending further evaluation
 - For any sports
 - For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____
 Address _____ Phone _____
 Signature of physician _____, MD or DO

Preparticipation Physical Evaluation CLEARANCE FORM



Name _____ Sex M F Age _____ Date of birth _____

Cleared to compete in the adult version of rugby. Rugby, as all contact sports, comes with its inherent risks. This participant is physically mature enough to take part in practicing and competing against other adults.

Not cleared

Pending further evaluation

For any sports

For certain sports _____

Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

EMERGENCY INFORMATION

Allergies _____

Other information _____
