## **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 <a href="eligibility@usarugby.org">eligibility@usarugby.org</a>.

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
Coach Name	USA Rugby Registration#	Signature	Date
Club Name	Contact Phone	Contact Email	
Parent or Legal	Guardian – Name	Signature	Date
Approving Phy	sician Name	Signature	Date
USA Rugby A <sub>l</sub>	pproval - Name (granted after submission)	Signature	Date

<sup>\*</sup>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.)

,		, , , ,		ing the p	onysician. The physician should keep this form in the chart.)		
Date of Exam _							
Name Date of birth							
Sex	Age	Grade Sc	choolSport(s)				
Modicines and	Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking						
wedicines and	Allergies. Fied	ase list all of the prescription and ove	1-1116-600	111161 1116	edicines and supplements (nerval and nutritional) that you are currently	lakiriy	
Do you have ar ☐ Medicines	ny allergies?	☐ Yes ☐ No If yes, please ide ☐ Pollens	entify spe		lergy below.		
Explain "Yes" an	swers below C	ircle questions you don't know the ar	swers to	0.			
GENERAL QUEST			Yes	No	MEDICAL QUESTIONS	Yes	No
		tricted your participation in sports for			26. Do you cough, wheeze, or have difficulty breathing during or		
any reason?					after exercise?		
		cal conditions? If so, please identify nia  Diabetes  Infections			27. Have you ever used an inhaler or taken asthma medicine?  28. Is there anyone in your family who has asthma?		
Other:					29. Were you born without or are you missing a kidney, an eye, a testicle		
	r spent the night in	n the hospital?			(males), your spleen, or any other organ?		
4. Have you eve		IT VOL	V	NI-	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
	QUESTIONS ABOU	arly passed out DURING or	Yes	No	31. Have you had infectious mononucleosis (mono) within the last month?  32. Do you have any rashes, pressure sores, or other skin problems?	$\vdash$	
AFTER exercis		any passed out borting of			33. Have you had a herpes or MRSA skin infection?		
		pain, tightness, or pressure in your			34. Have you ever had a head injury or concussion?		
chest during		ip beats (irregular beats) during exercise?			35. Have you ever had a hit or blow to the head that caused confusion,		
		you have any heart problems? If so,			prolonged headache, or memory problems?		
check all that	apply:	_			36. Do you have a history of seizure disorder?  37. Do you have headaches with exercise?		
☐ High bloc☐ High chol	•	☐ A heart murmur ☐ A heart infection			38. Have you ever had numbness, tingling, or weakness in your arms or		
☐ Kawasak		Other:			legs after being hit or falling?		
Has a doctor echocardiogram		t for your heart? (For example, ECG/EKG,			39. Have you ever been unable to move your arms or legs after being hit or falling?		
		more short of breath than expected			40. Have you ever become ill while exercising in the heat?		
during exercis	se? r had an unexplain	ned seizure?			41. Do you get frequent muscle cramps when exercising?  42. Do you or someone in your family have sickle cell trait or disease?	$\vdash$	
	· · · · · ·	of breath more quickly than your friends	<u> </u>		43. Have you had any problems with your eyes or vision?		
during exercis					44. Have you had any eye injuries?		
HEART HEALTH (			Yes	No	45. Do you wear glasses or contact lenses?		
		ive died of heart problems or had an den death before age 50 (including			46. Do you wear protective eyewear, such as goggles or a face shield?		
,		dent, or sudden infant death syndrome)?			47. Do you worry about your weight?		
		re hypertrophic cardiomyopathy, Marfan t ventricular cardiomyopathy, long QT			48. Are you trying to or has anyone recommended that you gain or lose weight?		
syndrome, sh	ort QT syndrome,	Brugada syndrome, or catecholaminergic			49. Are you on a special diet or do you avoid certain types of foods?		
. , .	ventricular tachyca	re a heart problem, pacemaker, or			50. Have you ever had an eating disorder?		
implanted de		e a neart problem, pacemaker, or			51. Do you have any concerns that you would like to discuss with a doctor?		
,	, ,	unexplained fainting, unexplained			FEMALES ONLY  52. Have you ever had a menstrual period?		
BONE AND JOIN	ear drowning?		Yes	No	53. How old were you when you had your first menstrual period?		
		a bone, muscle, ligament, or tendon	100		54. How many periods have you had in the last 12 months?		
	ou to miss a pract				Explain "yes" answers here		-
		or fractured bones or dislocated joints?	-				
	erapy, a brace, a ca	it required x-rays, MRI, CT scan, ast, or crutches?					
20. Have you eve	r had a stress frac	cture?					
		ou have or have you had an x-ray for neck lility? (Down syndrome or dwarfism)					
, ,		rthotics, or other assistive device?					
		joint injury that bothers you?	1				
	<u> </u>	ainful, swollen, feel warm, or look red? nile arthritis or connective tissue disease?	1				
		t of my knowledge, my answers to	the abo	VO 02:00	tions are complete and correct		
Signature of athlete	inal, lu lile besi		of parent/gi	•	Strons are complete and correct.  Date		
orginatare or all liete		Signature	parcitryl		Date		

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## **■**||Preparticipation Physical Evaluation



# THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of E	xam						
Name				Date of birth			
			School				
	Age	Olduc					
	of disability						
2. Date	of disability						
3. Class	sification (if available)						
4. Caus	e of disability (birth, d	lisease, accident/trauma, other)					
5. List t	he sports you are inte	erested in playing					
					Yes	No	
		ce, assistive device, or prosthe					
		ace or assistive device for sports					
		ressure sores, or any other skin	problems?				
		s? Do you use a hearing aid?					
	ou have a visual impa						
		vices for bowel or bladder func	tion?				
		scomfort when urinating?					
	you had autonomic o						
			hermia) or cold-related (hypothermia) illnes	s?			
	ou have muscle spas	•			_		
16. Do yo	ou have frequent seiz	ures that cannot be controlled b	y medication?				
Explain "y	es" answers here						
Diagon in	dianta if you have a	or had any of the fallowing					
riease iii	uicate ii you iiave ev	ver had any of the following.			Yes	No	
Atlantoay	ial instability				165	INO	
	luation for atlantoaxia	al inetahility			-		
	d joints (more than or						
Easy blee		,			1		
Enlarged					1		
Hepatitis					1		
	ia or osteoporosis						
	controlling bowel				1		
	controlling bladder						
	ss or tingling in arms	or hands					
	ss or tingling in legs o						
	s in arms or hands						
Weaknes	s in legs or feet						
Recent ch	nange in coordination						
Recent ch	nange in ability to wa	lk					
Spina bif	ida						
Latex alle	ergy						
Explain "yes" answers here							
I hereby s	state that, to the bes	t of my knowledge, my answe	rs to the above questions are complete a	and correct.			
Signature of	athlete		Signature of parent/guardian		Date		

### **■**||Preparticipation Physical Evaluation PHÝSICAL EXAMINATION FORM



\_ Date of birth Name

#### PHYSICIAN REMINDERS

- 1. 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 revie	wing question	is on cardiov	ascular sy	nptoms (questions 5–14).				
EXAMINATION								
Height			Weight		☐ Male	☐ Female		
BP /		( /	)	Pulse	Vision R 2	20/	L 20/	Corrected □ Y □ N
MEDICAL		, ,	,	. 3.00	7101011 1(2	NORMAL		ABNORMAL FINDINGS
Appearance						11011111111		, ib. to this is a second of the second of t
Marfan stigm	ata (kyphosco neight, hyperla	oliosis, high-a xity, myopia,	arched pala MVP, aorti	te, pectus excavatum, arachr insufficiency)	nodactyly,			
Eyes/ears/nose/f	throat							
Pupils equal								
Hearing								
Lymph nodes								
Heart <sup>a</sup> Murmurs (ause Location of persons)				va)				
Pulses • Simultaneous	s femoral and	radial pulses	8					
Lungs								
Abdomen								
Genitourinary (m	nales only) <sup>b</sup>							
Skin  HSV, lesions s	suggestive of	MRSA, tinea	corporis					
Neurologic <sup>c</sup>								
MUSCULOSKEL	ETAL							
Neck								
Back								
Shoulder/arm								
Elbow/forearm								
Wrist/hand/fin	ngers							
Hip/thigh								
Knee								
Leg/ankle								
Foot/toes								
Functional	Contraction from							
Duck-walk, s								
<sup>b</sup> Consider GU exam i	if in private setti	ng. Having thir	d party prese	bnormal cardiac history or exam. Int is recommended. Ing if a history of significant concu	ussion.			
Cloared for a	all aparta with	out rootrioti	ion					
☐ Cleared for a								
☐ Cleared for a	all sports with	out restriction	on with reco	mmendations for further eva	luation or treatme	nt for		
□ Not cleared								
	Pending furt	her evaluati	on					
	For any spo							
	For certain :	spuits						
	Reason							
Recommendation	IS							
participate in the	e sport(s) as the athlete h	outlined ab as been cle	ove. A cop ared for p	y of the physical exam is or articipation, the physician n	n record in my of	fice and can be ma	de available to the	parent clinical contraindications to practice and school at the request of the parents. If condidand the potential consequences are completely
Name of physicia	ın (print/type	<del>i</del> )						Di
Address								Pho Pho

### **IllPreparticipation Physical Evaluation**





name	Sex LI MI LI F AgeDate	e or birth
	to compete in the adult version of rugby. Rugby, as all contact sports, comes with its inherent risks. This participant is physically n d competing against other adults.	nature enough to take part in
□ Not cleare	ared	
	□ Pending further evaluation	
	□ For any sports	
	□ For certain sports	
	Reason	
Recommendati	dations	
and can be n the physician	ntraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exame made available to the school at the request of the parents. If conditions arise after the athlete has been ian may rescind the clearance until the problem is resolved and the potential consequences are completents/guardians).	cleared for participation,
Name of physic	vsician (print/type)	Date
Address		Phone
Signature of ph	physician	, MD or DC
EMERGENO	NCY INFORMATION	
Allergies		
Other information	ation	