



Dragons Family Rugby Club

Under Aged Player Consent Form

No Player may participate in the Youth Rugby matches if the Under Aged Player Consent and Medical Information Forms are not completed and signed by the Player and his Parent/Legal Guardian and submitted to the Team Manager.

I, THE UNDERSIGNED:

_____ (Player's name)

_____ (Player's signature)

Duly assisted by my parent/legal guardian (delete what is not applicable):

_____ (Parent/Legal Guardian's name)

_____ (Parent/Legal Guardian's signature)

INTRODUCTION

I acknowledge that my attendance at and participation as a Team Member of Dragons Rugby Club in the Youth Rugby matches against other clubs.

1 GENERAL ACCEPTANCE AND AGREEMENT

1.1 I accept the invitation to take part in the Youth Rugby matches at the Dragons Rugby Club;

1.2 I agree to observe and abide by in every respect to the Dragons Rugby Club Constitution and Regulations Relating to the Games. These Terms of Participation and any rule, direction or



1.3 decision of the Blue Bulls Youth Rugby Association set out in this Agreement, save where the contrary is expressly stated, any such rules, directions or decisions shall be binding on me and I acknowledge that I shall not have the power to revoke or alter any such decision.

2 ANTI-DOPING

2.1 I consent and agree to comply with and be bound by all of the regulations of the SARU and Blue Bulls Youth Rugby Association and that of the Dragons Rugby Club.

2.2 I acknowledge and agree that the SAIDS has jurisdiction to impose sanctions as provided for in the SARU and IRB Anti-Doping Regulations;

2.3 I agree that if I am on any specific medication which is on the WADA prohibited list, I shall submit a Therapeutic Use Exemption form from SAIDS and will make sure that all the relevant medical documentation (copies will be accepted) relating thereto will be available which will allow me to use the medication;

2.4 I agree that my personal anti-doping data relating to the Doping Control process (including test distribution planning, sample collection and handling, laboratory analysis, result management, hearings and appeals) can be processed (for example transmitted, disclosed, used and stored) by SAIDS.

2.5 I hereby give permission to be tested by the representatives of SAIDS when required.

3 ANTI-CORRUPTION AND BETTING

3.1 I consent and agree to comply with and be bound by all of the provisions of the SARU, Blue Bulls Youth Rugby Association and Dragons Rugby Club Regulations as in force from time to time.

4 DISCIPLINARY MEASURES

4.1 I consent and agree to comply with and be bound by IRB Regulation 17 (IRB website), SARU Illegal and Foul Play and Misconduct Regulations for Youth Rugby Matches and that of the Dragons Rugby Club.

4.2 Should I be suspended by the Disciplinary Committee from playing for whatever reason, the suspension shall be effective for the determined period during or after the Youth Rugby Season.



5 EVENT ACTIVATION

- 5.1 I agree to fully participate and co-operate in all the Events as requested by my Team Manager and as directed by the Dragons Rugby Club.

6 MEDICAL CLEARANCE

- 6.1 I am mentally, dentally and physically fit to attend and to participate in the Blue Bulls Youth Rugby Season.

7 MEDICAL AND INJURY DATA FOR RESEARCH

- 7.1 I hereby give consent that my medical and injury information can be used by the Dragons Rugby Club and their nominated research partners for research purposes.
- 7.1.1 By signing this document the player and their parents and/or legal guardian where applicable provides informed consent to access all relevant information and agree to release all injury or illness data obtained during the Youth Rugby Season to the Dragons Rugby Club, which may or may not be used for research purposes.
- 7.1.2 All analysed, researched or published information, will remain anonymous, and will be treated and handled with the utmost confidentiality
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8 MEDICAL CONSENT

- 8.1 I hereby give the Team Manager permission to give consent to medical investigations management procedures that may be required to treat injury which I might sustain during the Youth Rugby Season, and to complete and sign all documents required in this regard. The parent or legal guardian is responsible for all costs pertaining to these medical procedures.
- 8.2 If injured, I realise that I will be stabilised and assessed at the match venue to the best of the abilities of the contracted Medical Staff at no cost to me, my parent(s)/legal guardian(s) and/or the Provincial Union that I represent.
- 8.3 If additional referral or specialist medical intervention is required, based on judgement by the contracted Medical Staff, the costs of ambulance transportation, admission to hospital, and the additional assessment or intervention costs, will be for the account of myself or my parent(s)/legal guardian.
- 8.4 After hour medical services are for my account or that of my parent(s)/legal guardian(s).
- 8.5 Players with medical aid, who require hospitalization, will be transported and admitted to the nearest and most appropriate private medical facility or hospital. Any costs over and above those covered by my medical aid, or my parent(s)/legal guardian's medical aid, are for my account or that of my parent(s)/legal guardian(s).
- 8.6 If I or my parent(s)/legal guardian don't have medical aid, I am aware that I will be transported and admitted to the nearest and most appropriate government or private medical facility or hospital, depending on their individual preference and circumstance.



- 8.7 I confirm that should I get injured, all costs incurred, are for my account or that of my parent(s)/legal guardian(s).
- 8.8 I undertake to provide the team manager with all the relevant information and documentation regarding to my medical aid status and any specific medical history.

MEDICAL INFORMATION FORM

Player Details	
First Name:	Surname:
Date Of Birth:	Age:
ID Number:	
School/Club:	Position:
Union:	
Contact Details of Parent and/or legal Guardian	
Home:	Work:
Fax:	Cell:
Email:	
Next of kin	
First Name:	Surname:
Relationship:	
<u>Contact Details:</u> Home:	Work/Cell:
Medical Aid Details	
Medical Aid:	Number:
Main Member:	