RAC4.1 - Team Member consent form template VII

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| Form C: TEAM MEMBER CONSENT FORM – PLAYERS |
| Qualifiers 2018 Match: |  | **Team:** |  | **Date:** |  |
|  | **Player Name****(As on Passport)** | Anti-Doping Handbook Received and completed World Rugby E-learning (See: worldrugby.org/keeprugbyclean.com)  | Completed Anti-Corruption & Betting education (See: worldrugby.org/integrity | Consent to Injury Surveillance Survey (ISS) or other studies being undertaken  | Read/Access to: Tournament Manual | Consent to use of GPS devices by either Team in any Match | **Player Signature** |
| (Player ✓) | (Player ✓) | (Player ✓) | (Player ✓) | (Player ✓) |
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| *The above signatures have been witnessed by the following person:* | **Name of Witness (CAPS):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature of Witness:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *I hereby certify that having examined all Player’s declared in the Squad, that each Player is mentally, physically and dentally fit to participate in the Qualification Process:* | **Team Doctor Name (CAPS)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature of Team Doctor**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *Where necessary I agree to provide all injury data as requested and required to satisfy the World Rugby Injury Surveillance Survey (ISS) or other World Rugby driven/controlled Player Welfare Studies that are being undertaken during the Qualification Process:* | **Team Manager Name (CAPS):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Team Manager Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *I am not aware of any outstanding disciplinary proceeding in response of Foul Play and/or Misconduct, any outstanding appeals or any suspension from the Game related to same for the above named players:* | **Team Manager Name (CAPS):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Team Manager Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***All Sections must be Fully Completed and Returned to the Tournament Director at the Team Managers' Meeting to be Eligible to Participate in the Tournament***

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|  Form C: TEAM MEMBER CONSENT FORM – TEAM MANAGEMENT |
| Qualifiers 2018 Match: |  | **Team:** |  | **Date:** |  |
|  | **Team Management Name****(As on Passport)** | Anti-Doping Handbook Received and completed World Rugby E-learning (See: worldrugby.org/keeprugbyclean.com)  | Completed Anti-Corruption & Betting education (See: worldrugby.org/integrity | Read/Access to: Tournament Manual | **Team Management Signature** |
| (to ✓) | (to ✓) | (to ✓) |
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| *The above signatures have been witnessed by the following person:* | **Name of Witness (CAPS):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature of Witness:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |