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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |