



SWISS RUGBY UNION

AUTHORIZATION

CONSENT FOR PARTICIPATION BY A MINOR IN THE SPORT OF RUGBY

I, THE SIGNATORY,

LAST NAME	FIRST NAME
ADDRESS	

HEREBY EXPLICITLY CONSENT FOR MY SON/DAUGHTER

LAST NAME	FIRST NAME
DATE OF BIRTH	NATIONALITY
ADDRESS	

TO PLAY RUGBY AND TO ADHERE TO THE STATUTES OF THE CLUB.

CLUB	YEAR
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SUITABILITY

I have been verbally informed, and hereby confirm in writing, that I am aware that rugby is a contact sport. I am aware that the sport of rugby requires a child to be in good physical condition and in good health. I hereby confirm that I am not aware of any health-related factors which could deter my child from playing rugby. I am further aware that certain medical conditions preclude participation in the sport of rugby, including epilepsy, cardiac conditions, bleeding tendencies, cardiac anomalies. I am further aware that this list is in no way exhaustive, and that further conditions may exist, which preclude participation in the sport of rugby. I have also been informed that I must openly declare any medical conditions from which my child may suffer.

I further declare that the child is not on any medication, or only on such medications which have been explicitly confirmed by a doctor not to have any ill effect on the practice of rugby.

I am aware that the club is not liable for any health-related damages to the child.

ACCIDENTS

In case of accident, on or off the field, if I am not immediately available, I hereby authorize the responsible coach or instructor, or the Club Representative, after careful deliberation with the relevant doctors, to take any action necessary to guarantee the best possible medical treatment for my child. I hereby explicitly authorize any necessary medical examination, treatment, or surgical intervention. I authorize the club / the responsible person to order the necessary hospitalization of the child in the appropriate institution, to sign the necessary entry- or exit papers, and to take charge of the child after dismissal from such an institution, including abroad, and to organize the return of my child to Switzerland.

INSURANCE COVER

I hereby confirm that my son / daughter has sufficient insurance coverage for the treatment of injuries sustained through accidents of any kind - not just due to rugby - in Switzerland or abroad.

ANTIDOPING

I have read and signed the Anti-Doping Declaration by Swiss Olympic and agree with it.

If my son / daughter must take any medication, I will verify with the doctor whether the medication is on the World Anti-Doping Agency's list of forbidden substances. If this is the case, I will inform the coach immediately.

I acknowledge that my son/daughter must comply to anti-doping testing and give my explicit consent to such testing.

I acknowledge that a violation of Anti-Doping regulations will have a consequence of sanctions against my son/daughter, including monetary fines which will have to be paid by the parent or guardian.

UPGRADE (TICK WITH A CROSS TO ACCEPT)

<input type="checkbox"/>	I explicitly agree that my son/daughter can train or play with or against teams of higher age categories, especially including adults.
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CONSENT

PLACE	DATE	SIGNATURE
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