



**HSBC RUGBY FESTIVAL DUBAI 2018**

**Consent Form and Medical Information**

<b>Player Name</b>	<b>Date of Birth (dd.mm.yy)</b>	<b>Age (years and month)</b>
	...../...../.....	

Pease tick only one.....

Age Group			
Girls Division	Youth Division	Midi Division	Mini Division
U19 <input type="checkbox"/>	U19 <input type="checkbox"/>	U12 <input type="checkbox"/>	U8 <input type="checkbox"/>
U15 <input type="checkbox"/>	U16 <input type="checkbox"/>	U11 <input type="checkbox"/>	U7 <input type="checkbox"/>
U12 <input type="checkbox"/>	U14 <input type="checkbox"/>	U10 <input type="checkbox"/>	U6 <input type="checkbox"/>
	U13 <input type="checkbox"/>	U9 <input type="checkbox"/>	

Pease tick if you have consented for the player named above to play up an age grade.....

<b>Parent / Guardian consent to play up an age grade</b>
Please tick if appropriate <input type="checkbox"/>

Details of any medical conditions or disabilities of the player (if none write "none"):

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.....

.....

.....

**Name of Parent:** .....

**Parents Address:** .....

.....

**Contact Number:** .....

**Guardian During Tournament (if same as parent write "as above"):** .....

**Guardian Contact (if same as parent write "as above"):** .....

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Declaration including:

I confirm that to the best of my knowledge my son / daughter does not suffer from any medical conditions (i) other than those detailed and (ii) that would prevent him / her taking part in the HSBC Rugby Festival Dubai 2018 (the "Tournament") safely.

I authorise any person to administer first aid treatment where this is necessary in the event of a serious emergency. In the event of an accident requiring medical treatment, I agree to my son / daughter receiving treatment including anaesthetic as considered necessary by the medical authority.

I agree to this treatment being authorised by a member of the event organisation, who may sign any written form of consent required by hospital authorities should a surgical operation or serum injection be deemed necessary and providing that the delay to obtain my signature might be considered by a doctor likely to endanger my son / daughters health and safety.

I understand that the venue, sponsors, event organisers and volunteers cannot be held responsible or liable for any personal injury or loss suffered by me or my child during the Tournament and that myself and my child has suitable and adequate insurance to cover his / her participation and attendance at the Tournament.

Participants in the Tournament may be photographed, filmed and / or interviewed during the course of the Tournament. The photographs, films and interviews of participants may be used for the marketing purposes of HSBC Middle East Limited and / or Dubai Exiles RFC and / or Dubai Hurricanes RFC and / or other tournament sponsors, both in the Middle East and worldwide.

By completing and signing this consent form, and by my son / daughter participating in the Tournament, I am confirming that I have read and accepted the terms above and have given permission for my son / daughter to participate in the Tournament. Such consent shall be irrevocable, worldwide and perpetual.

**Parent / guardian.**

**Name:** .....

**Signature:** .....

**Date:** .....

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