



# Women Regional Rugby Sevens

## PARENTAL CONSENT FORM

*[Obrazac za suglasnost roditelja/staratelja]*

ONLY FOR PLAYERS UNDER THE AGE OF 18 YEARS

*[Samo za igrāice sa manje od 18 godina]*

I, undersigned (Father, Mother or Guardian) *[Ja, dole potpisani (Otac, Majka ili Staratelj)]*

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- allow: (Family Name, First Name and Date of Birth) *[dopuštam: (Prezime, Ime, Datum rođenja)]*

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to join in any Rugby training course or competition during Women Regional Rugby Sevens events. *[da se uključi u ragbi trening ili natjecanje tijekom Women Regional Rugby Sevens natjecanja.]*

- allow the staff of the training course or competition during Women Regional Rugby Sevens events to make any decision concerning the medical or surgical state of: (Family Name, First Name and Date of Birth)

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*[dopuštam osoblju na treningu ili natjecanju tijekom Women Regional Rugby Sevens natjecanja da donesu potrebne odluke vezano za medicinsko stanje: (Prezime, Ime, Datum rođenja)]*

- allow the anti-doping controls whatever the modes used on: (Family Name, First Name and Date of Birth) *[dopuštam anti doping kontrole u bilo kojem obliku nad: (Prezime, Ime, Datum rođenja)]*

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Signature: \_\_\_\_\_

*[Potpis]*

Date: \_\_\_\_\_

*[Datum]*