



Participation Agreement for SARU Youth Week
Tournaments: Medical and Anti-Doping

Player Name: _____

Union: _____

Union Official: _____

Legal Guardian Name: _____

Contact Number of Legal Guardian: _____



Participation Agreement for SARU Youth Week Tournaments: Medical and Anti-Doping

No player may participate in the tournament if this document is not signed by the relevant persons.

(Please note that in Section A. Points 4 and 5 and Section B. require the Union, Legal Guardian and player to sign)

The Participating Union, Player and Legal Guardian of the player must complete and submit the following agreement with the player's registration forms before the commencement of the SARU Youth Week Tournament.

All the completed forms must be placed in an envelope and Couriered (DO NOT POST OR USE POSTNET) to:

Andrew Louwrens/Allie Abrahams
SARU
5th Floor Sports Science Building
Boundary Road
Newland
7700
Telephone: 021-659 6700/ 082 -457 2332
Andrew@sarugbystats.co.za

Section A. Medical

Each Participating Union shall:

- Ensure that its Players are suitably fit to participate in the SARU Youth Week Tournament and that its Players comply in all respects with the medical requirements set out in this Agreement.
- For the avoidance of doubt, it is the sole responsibility of the Participating Union to ensure that all players are mentally, dentally and physically fit to attend and to participate in the SARU Youth Week Tournament and that only those players that are mentally, dentally and physically fit shall participate in **any Match** in the SARU Youth Week Tournament.
- The Participating Union is solely responsible for ensuring that all medical, dental and physical examinations of its players and reviews of their medical, dental and physical fitness histories are undertaken by fully qualified and suitably experienced personnel.

- The Participating Union is also required to have a Doctor complete the cardiac questionnaire in respect of each of its players.
- All players participating in the SARU Youth Week Tournament must have the Medical Emergency Consent Section (4) signed. Team managers must be in possession of a copy of this signed agreement. Team managers must be in possession of a copy of the parents/guardians medical aid fund membership card or the membership number of the particular fund

1. Medical Fees and Costs

- Costs of medical attention at a Match Venue will be borne by the SARU Youth Week Tournament. Any and all medical costs incurred away from the playing enclosures, including on a Match day, will be borne by the player or the Union they represent.
- Transportation via ambulance and admission to the hospital are for the account of the injured player or their Union.
- Players with Medical Aid: Their parents/guardians will be responsible for payments of accounts for ambulance transportation and/or admission to a medical facility.
- Players without Medical Aid: Any injury incurred at the SARU Youth Week Tournament will be treated by the medical doctor at the onsite medical facility and if further medical intervention is required, the player will be referred to a Provincial Hospital or to a Private Hospital and the costs incurred at these facilities will be for the account of the player and/or the union they represent.
- The cost of treatment for Illness contracted or Injury sustained (including without limitation any dental treatment) by a player at any time during the SARU Youth Week Tournament Term shall be paid by the player or the Union they represent.
- In addition to the costs described above the player or the Union they represent shall be responsible for strapping, bandages, mouth guards and similar items.

2. Medical Insurance

- Medical insurance for the players representing their union will be the responsibility of the Participating Union
- The Participating Union is responsible for ensuring that if the team brings any doctor, physio or biokineticist that they are properly qualified and insured to give medical treatment.

3. Team Medical Personnel

- All teams that are taking professional medical staff must submit their qualification and registration with the required professional board/council to the SARU medical manager, Clint Readhead: clintr@sarugby.co.za or fax 086 663 6502

4. Cardiac Questionnaire

Because of increasing awareness of sudden cardiac death in the young and especially in sport, worldwide research has been carried out in to the causes and management of these conditions (cardiomyopathies and channelopathies). This

research suggests that significant cardiac abnormalities occur in 1 in 500 people and sudden cardiac death, in elite performance athletes has been reported.

The following procedures shall be implemented for the SARU Youth Week Tournament and all Participating unions are recommended to comply.

1. The attached cardiac questionnaire must be completed for every Player participating in the SARU Youth Week Tournament.
2. A physical examination of each Player for this purpose prior to the SARU Youth Week Tournament is recommended
3. An electrocardiogram (ECG) is recommended.
4. If there is a positive response to symptoms or family history or abnormality on the ECG then an echocardiograph should be performed. The echocardiograph (ECHO) should be carried out and reported on by a consultant cardiologist. The report must be submitted to the SARU medical manager, Clint Readhead: clintr@sarugby.co.za or fax: 086 663 6502.

The questionnaire incorporates a disclaimer the components of which are considered to be of assistance in identifying and communicating issues relating to the completion of the questionnaire. It is a matter for the Participating Union to determine if they want to elaborate further or modify the disclaimer.

Each Participating Union is personally responsible for ensuring that the terms of this letter are complied with. Furthermore, and for the avoidance of doubt, Participating Unions are also reminded that it remains the sole responsibility of each Participating Union to ensure that all players are medically, dentally and physically fit to attend and to participate in the SARU Youth Week Tournament and that only players that are medically, dentally and physically fit shall participate in any Match in the SARU Youth Week Tournament. Nothing herein changes the medical responsibility requirements of each Participating Union for its Players.

Players Personal Details	
Name	
Date of birth	
Address	
GP Name and Contact number	
In case of emergency contact	
Relationship	
Contact Number	

Players Personal History				
Have you ever experienced the following		Yes	No	Don't Know
1	Chest discomfort during exercise			
2	Unusual shortness of breath on exercise			
3	Fit, fainting episode or blackout			
4	Near – fainting episode			
5	Palpitations – unexpected fast or irregular heartbeat (for more than a second or 2 seconds)			
Have you ever been told you have:				
6	A heart murmur			
7	High blood pressure			
8	Asthma			
	If yes what tests have been done:			

Player's Family History				
Has any of your close relatives suffered from:		Yes	No	Don't know
9	Heart attack or sudden death aged 50 years or less			
10	Heart Rhythm problems require pacemaker or treatment			
11	Angina (under the age of 50 years)			
12	Other cardiac problems requiring treatment			

Cardiac Questionnaire Disclaimer

You have been asked to fill out this medical questionnaire on your own behalf. This questionnaire has been devised to aid in identification of young people who currently engage in competitive sport, **but who could be at risk** of suffering a serious cardiac event.

This is not a common occurrence. The number of events can however be reduced by careful evaluation of symptoms and family history.

No screening system can guarantee 100% accuracy. If you answered Yes (or don't know) to any of these questions, it is recommended that you consult a Physician for further investigation. It is very important that you answer these questions honestly. You must however be aware that it is possible that as a result of this process you will be disqualified from participation in your chosen sport.

I confirm that I have read and understood the above information, and that the information I have given is accurate to the best of my knowledge.

Name of Player: _____

Signed: _____

Name of Legal Guardian: _____

Signed: _____

Name of Union Member: _____

Signed: _____

Dated: _____

5. Medical Emergency

If a legal guardian(s) cannot be contacted to give consent for medical emergency procedures that may have to be performed on your son during his attendance at any of the official SARU Youth Week Tournaments.

I hereby give the team manager of (Team) and or/SARU official, after consultation with the relevant medical doctor, permission to give consent to such medical emergency procedures and to complete and sign all documents required in this regard.

The undersigned is responsible for all costs pertaining to these medical procedures.

Player's name: _____

Parent/ Legal Guardian Name: _____

Contact number: (Home) _____

(Work) _____

(Cell) _____

Signature: _____

Date: _____

6. Protective Medical Equipment

Mouth Guards

- Are compulsory for all players during matches at the SARU Youth Week Tournament.

Strapping

- Plasters, bandaging and strapping will only be supplied for injuries sustained during matches and not for routine bandaging
- The application of strapping for preventative measures will be done by the medical personnel, free of charge, provided the player supplies his own strapping

7. Injury Surveillance Study

- SARU is committed to collecting and assessing injury data in the game through its injury surveillance studies ("ISS"). The aim of the ISS is to monitor Match injuries sustained by every player within every Team competing in the SARU

Youth Week Tournament. The studies are conducted in the interests of the health and safety of the Players.

- The recording procedures used in any study will be fully compliant with the international consensus statement on the definitions and procedures for epidemiological studies of injuries in Rugby Union.
- All injuries sustained during the tournament must be reported to the SARU Youth Week tournament medical doctor/officer who will record the injury details.

CONFIDENTIAL

Section B. Anti-Doping

(This section does not apply to the u13 Youth Week Tournament)

1. Player Consent form and copy of the Players ID or passport (Passport required for players from outside SA borders)

Each Player, legal guardian and Union official participating in the SARU Youth Week Tournament is required to read and sign the Player Consent Form included in this agreement.

A copy of all participating Player ID's or passports (Passport required for players from outside SA borders) is also required. The picture page of the Player is the only page required to be provided and must be clear.

Any new Player that replaces another within your squad during the SARU Youth Week Tournament must also complete and return the Player Consent Form with a copy of the picture page of their ID or passports (Passport required for players from outside SA borders)

The copy of each Player's ID OR passport (Passport required for players from outside SA borders) and the signed Player Consent Form must be completed and submitted to the Mr. Andrew Louwrens.

All the completed forms must be placed in an envelope and Couriered (DO NOT POST OR USE POSTNET).

Andrew Louwrens/Allie Abrahams
SARU
Boundary Road
Newland
7700
Telephone: 021-659 6700/ 082 -457 2332
Andrew@sarugbystats.co.za

2. Therapeutic Use Exemptions

This is the process whereby a Player can apply to the SAIDS (South African Institute for Drug Free Sport) in conjunction with his prescribing physician to take a specific Prohibited Substance which is required to treat a legitimate medical condition the Player has. The team doctor or Union appointed doctor are urged to consult with every Player in the team and discuss what medications they have or are currently taking to ensure that this process is

complied with and where necessary the relevant TUE is applied for. An Adverse Analytical Finding for a Prohibited Substance that was used to treat a medical condition which does not have a valid TUE in place is considered an Anti-Doping Rule Violation and is an offence that may result in a sanction. **In the case of An Adverse Analytical Finding for a Prohibited Substance that was used to treat a medical condition by a player at the SARU Youth Week Tournaments a retroactive TUE will be applied for.**

2.1 Standard TUE

A TUE application requires supporting medical information to be provided along with the application form. This includes a comprehensive medical history, results of all examinations, laboratory investigations, specialist medical reports and if relevant imagery studies to support the application.

The application will be reviewed by the TUE Committee against the WADA International Standard for Therapeutic Use Exemptions to determine if the application receives approval. This process must occur **before** a Player is authorised to take the Prohibited Substance that he has applied for to treat his medical condition unless emergency situations or exceptional circumstances occur preventing this in which case the Player must apply for retroactive TUE approval. A retroactive TUE application must be lodged to the TUE Committee within 48 hours of such circumstances occurring this includes pre- or during the SARU Youth Week Tournament.

Any TUE application for Players participating in the SARU Youth Week Tournament must be received by the TUE Committee **no later than 30 days prior to the start of the SARU Youth Week Tournament** to allow the TUE Committee time to review the application.

Further information and the TUE application form can be found under Schedule 3a & 3b of the SARU Anti-Doping Programme.

Details for TUE submissions:

All TUE applications may be submitted by either fax 086 663 6502 or email sumanthag@sarugby.co.za these will be forwarded onto SAIDS. The TUE application can also be sent directly to the SAIDS office:

South African Institute for Drug Free Sport
021 – 761 8034

2.2 Players that currently have a valid TUE

Any Player that has a current and valid TUE issued to them from the TUE Committee which is valid is not required to apply for a new TUE specifically for the SARU Youth Week Tournament provided the current TUE is valid for the duration of the SARU Youth Week Tournament and the conditions (such as the substance, route of administration and/or dosage etc.) have not changed.

2.3 Mutual Recognition of TUEs

Any Player who has been granted a TUE approval by another Anti-Doping Organisation's TUE Committee (i.e. a National Anti-Doping Agency) that is current and valid must submit a copy of the application and the certificate of approval to SAIDS. This must be submitted in accordance with the timeline set out above i.e. 30 days prior to the start of the SARU Youth Week Tournament. SAIDS reserves the right to review any TUE application where prior approval has been made by another Anti-Doping Organisation's TUE Committee.

3. Nutritional Supplements and Medications

Following a number of recent Adverse Analytical Findings from Rugby Players involving nutritional supplements containing Prohibited Substances, all Participating Unions are urged to advise their Players of the dangers and risks of Prohibited Substances appearing as part of a mixture within nutritional supplements and to check the supplements their Players are taking. Participating Unions are reminded of the strict liability principle that applies to the SARU Youth Week Tournament, the effect of which is that Players are responsible for any Prohibited Substances found in their system.

4. In competition Testing

In Competition testing takes place immediately after a Match. Testing may occur after any Match during SARU Youth Week Tournament. The selection process may either consist of a random draw and/or target testing.

Random Selection Process

The draw will ordinarily take place before kick-off of the Match in the Doping Control station and will be conducted in the presence of each nominated Team representative (normally Team Manager), the Anti-Doping Commissioner (if present) and the Doping Control Officer from the contracted Anti-Doping agency (SAIDS). The Anti-Doping Commissioner or the

Doping Control Officer will seek the Team representatives if they are required for the draw process.

The Doping Control Officer or Anti-Doping Commissioner (if present) shall provide a set of cards for each Team numbered from 1 to the number corresponding to the total number of Players and replacements/substitutes participating in the Match at the SARU Youth Week Tournament as appearing on the official Team Sheet / Match list.

Each set of cards shall then be rearranged or shuffled and placed down as to expose only the reverse side, which does not show any number. Each Team Manager shall select four cards of their own choice. On each card the Team Manager shall sign and record the name of their Team. The selected cards shall be left face down so the numbers of the selected Players remains confidential.

Each Team Manager shall also mark two of the four cards selected with "R1" and "R2" in addition to the Team Manager's signature and the name of their Team.

These "reserve" cards may be used in the case of a selected Player being seriously injured and requiring immediate hospitalisation. For the avoidance of doubt, if a selected Player is injured or is replaced for any reason prior to the start of a Match, he shall remain selected for testing unless they require immediate hospitalisation. **If the Player does require immediate hospitalisation then one of the reserve selections shall be used.**

The selections, whether random or targeted will not be made known to the Team Manager or any other party outside of the authorised Sample collection Team until the end of the Match. If the Team Manager or his delegated representative wish to see the random selection cards drawn for their Team the Doping Control Officer or Anti-Doping Commissioner shall show them the selected cards post-Match.

Out of Competition

SAIDS may select any Player for testing participating at the SARU Youth Week Tournament at any time or place. Such Testing shall where possible be conducted with No Advanced Notice by an authorised Doping Control Officer. A player may be selected for Out of Competition testing by random or by target selection.

Such testing may take place at the team hotel/hostel.

8. Provision of the Sample

The Player shall be required to provide a minimum urine Sample of 90ml; however, the Player should attempt to provide a greater amount if possible.

Once the Player has provided his Sample, he shall keep control of the Sample at all times until the Sample is sealed. The Doping Control Officer shall keep the collection vessel in sight at all times. Additional assistance may be provided in exceptional circumstances to any Player by the Player's representative or Doping Control Officer during the Sample collection session where authorised by the Player and agreed to by the Doping Control Officer / Anti-Doping Commissioner.

Blood testing may also be conducted in conjunction with urine testing on its own. A qualified blood collection official will be responsible for the collection if the blood testing is conducted. Further information of blood collection can be found in Schedule 1, Section 25 IRB Anti-Doping Programme.

7. Player Representatives and interpreters

Any Player selected for doping control during the SARU Youth Week Tournament is entitled to have a representative present with him during the doping control process in the doping control station. All Participating Unions are urged to provide a representative to sit through the process (except the Sample provision) with their Players.

If the Player does not speak English, then his Team will be responsible for the provision of a person who can interpret and assist in the communication of the doping control process between the Player and the doping control staff.

This may be the same person who acts as the Player representative or an additional person to the representative.

8. Outstanding Anti-Doping Matters

It is the responsibility of each Participating Union to ensure that there are no outstanding Sample results, anti-doping rule violation cases and/or ongoing investigations in respect of Players or Persons (relating to possible anti-doping rule violations) who form part of or are intended to form part of the Participating Unions Team in respect of the SARU Youth Week Tournament.

All Participating Unions shall not select a Player or Players to participate in the SARU Youth Week Tournament if they are aware of any of the following in relation to the Player or Players:

(a) The existence of any Samples provided pursuant to drug tests in respect of which analysis results have yet to be provided.

Participating Unions should contact the National Anti-Doping Organisation (SAIDS) to advise them where possible OF any outstanding results prior to the departure of a Team to the SARU Youth Week Tournament. Participating Unions are encouraged to arrange for expedited analysis of any Sample/s collected by a National Anti-Doping Organisation in relation to Players scheduled to participate in the SARU Youth Week Tournament in the weeks prior to the departure of a Team to the SARU Youth Week Tournament where possible;

(b) The existence of any outstanding disciplinary proceedings in respect of any anti-doping matters including but not limited to anti-doping rule violations and/or investigations;

(c) The existence of any outstanding appeal proceedings in relation to the proceedings referred to in (b) above;

(d) Any period of suspension from the Game in force during the SARU Youth Week Tournament Term as a result of any anti-doping rule violations.

If a Participating Union selects a Player or Players and subsequently discovers any of the items listed in (a) – (d) above the Participating Union shall advise the SAIDS Anti-Doping Manager immediately. In circumstances where such advice is not provided or not provided immediately SAIDS shall be entitled to take such steps as it deems appropriate including but not limited to requiring that the relevant Participating Union(s) and/or the relevant authority expeditiously has the matter dealt with and/or provisionally suspends the Player(s) or other Person(s) from any involvement in the SARU Youth Week Tournament and/or the Game pending the final determination of the matter SARU may bring disciplinary action against a Participating Union where appropriate.

9. Doping Consent Form

All players that participate in the SARU Youth Week Tournaments AND the Union official must sign the Doping consent form. As these are SARU Youth Week Tournaments a legal guardian must sign the Doping Consent Form.

Failure to sign the Doping Consent form will result in that player/s not been able to participate in the SARU Youth Week Tournament until this criterion has been met.

If any Participating Union requires any further information or has any questions on the SARU Anti-Doping policy, please contact Clint Readhead clintr@sarugby.co.za or 071 6044 641 or 021 -659 6700

Anti – Doping Consent

SARU is obligated to conform to the IRB Anti-Doping Regulations (Reg. 21). The Institute for Drug Free Sport (SAIDS) is mandated by the government to perform anti-doping control tests on players participating in tournaments and training camps under the auspices of SARU.

Having read the above, I hereby, as parent or legal guardian give permission for my son to be tested by the representatives of the Institute of Drug Free Sport (SAIDS).

Player's name: _____

Parent/ Legal Guardian Name: _____

Contact number: (Home) _____

(Work) _____

(Cell) _____

Signature: _____

Date: _____

Union Official Name: _____

Union Official Signature: _____

Please make sure that your son has all the relevant medical documentation (Copies will be accepted) with him if he is using medication for therapeutic means.

By signing this consent form the Player, Legal Guardian and Union:

1. consent and agree to comply with and be bound by all of the provisions incorporated in the SARU and IRB Anti-Doping Regulations;
2. acknowledge and agree that SARU has jurisdiction to impose sanctions as provided for in the SARU and IRB Anti-Doping Regulations.
3. acknowledge and agree that any dispute arising out of a decision made pursuant to the SARU and IRB Anti-Doping Regulations, after exhaustion of the process expressly provided for therein, may be appealed exclusively as provided in SARU Anti- Doping Policy
4. agree that I will submit a Therapeutic Use Exemption form if I am required to do so under the SARU and IRB Anti-Doping Regulation.

Withdrawal of Consent

You understand that you may at any time revoke your consent for the processing of your data, although in that event, and as noted above, it still may be necessary for Anti-Doping Organisations and WADA to continue to process (including retain) certain parts of your Doping Control related data to fulfil obligations and responsibilities arising under the SARU and IRB Anti-Doping Regulations and applicable laws.

You also understand that your participation in organised sporting events is contingent upon your adherence at all times to the rules contained in the SARU and IRB Anti-Doping Regulations, including, among other things, your voluntary participation in anti-doping procedures set forth in the SARU Anti Doping Policy/IRB Regulation 21 and thus the processing of your Doping Control related data as described in this form. **You understand that the withdrawal of your consent to the processing of your Doping Control related data will be construed as a refusal to participate in those anti-doping procedures mandated by the SARU Anti Doping Policy /IRB Regulation 21. This could exclude you from participation at the SARU Youth Week Tournaments and further participation in Rugby Union, and may result in disciplinary or other sanctions being imposed upon you, such as disqualification from competitions in which you are scheduled to participate or the invalidation of results arising from prior competitions.**