



RUGBY BARBADOS WORLD 7S TEAM REGISTRATION FORM



TEAM NAME:

DIVISION: OPEN MEN'S [] OPEN WOMEN'S []

COUNTRY OF ORIGIN OF THE MAJORITY OF PLAYERS:

MAIN CONTACT NAME: (1)

SECOND CONTACT NAME: (2)

MAIN CONTACT EMAIL ADDRESS: (1)

SECOND CONTACT EMAIL ADDRESS: (2)

MAIN CONTACT CELLPHONE NUMBER: (1)

SECOND CONTACT CELLPHONE NUMBER: (2)

TEAM PLAYING COLOURS:

NAME OF HOTEL REQUESTED:

BOARD BASIS REQUESTED:

ROOM CONFIGURATION REQUIREMENTS:

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NUMBER OF PERSONS IN YOUR GROUP:

DATE OF ARRIVAL:DATE OF DEPARTURE:

- Waiver of Liability: In accepting to play in this "Rugby Barbados World 7s" Tournament, we hereby release the organizers and other people involved in the organization of the tournament and the venue from any liability concerning injury or harm suffered by team players during, or as a result of, participating in the Rugby Barbados World 7s in Barbados.
- We advise all participants to have valid medical (and travel) insurance.
- We give permission for the organizers of the tournament to provide emergency medical treatment by a qualified medical staff in attendance throughout the tournament and should it be deemed necessary to organize (at the player's expense) an ambulance or other transport for the registered team player should they require further medical attention.
- We acknowledge by signing this registration form that we have read and agree with the details contained on this form and agree to abide by the rules of the tournament.

SIGNATURE OF MAIN CONTACT:

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NAME OF MAIN CONTACT (BLOCK CAPITALS):

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PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS AND RETURN IT TO SPORT TOURS ITALIA VIA EMAIL:

info@sporttoursitalia.com



Sport Tours Italia