

SENIOR RUGBY DISPENSATION - CONSENT FORM

COMPLETED FORM TO BE SUBMITTED TO YOUR COMPETITION MANAGER OR STATE / TERRITORY UNION DESIGNATE

PLAYER (please print clearly)

Name	My Rugby ID	
Club/School	Competition/State	
Date of Birth	Actual Age Grade	(i.e. U18s)
Current Position(s)	Requested Senior Grade	(i.e. Colts, First Grade)
Contact No.	E-mail	

PARENT / LEGAL GUARDIAN

I confirm that:

- a) I am a parent or legal guardian of the above-mentioned player;
- b) I have read and accept the provisions of the, Senior Rugby Dispensation Procedure.
- c) It has been explained to me that the aim of the Senior Rugby Dispensation Procedure is for Rugby participants with comparable physical development in conjunction with ability and/or experience to play with and against each other;
- d) I consent to my contact details being provided to a Qualified Assessing Coach for the purpose of the player undergoing a Coach Assessment (including for arranging a suitable time and day to undertake the assessment); and
- e) I understand that rugby is a contact sport, and, like all contact sports, players are exposed to a risk of injury. In addition to understanding these risks, I also agree, to the extent permitted by law, to waive my right to bring any claim for liability against any participant (including players, coaches, volunteers and administrators) and release all participants from any liability that may be incurred in connection with the player's participation in the requested or recommended age grade.

Name: _____ **Signature:** _____ **Date:** _____

COMPETITION MANAGER OR STATE / TERRITORY UNION DESIGNATE

Player turning 18 in the calendar year (but has not yet turned 18): (if YES – further Reports / Schedules may not be required)	YES	NO	(please circle)
Senior Rugby Assessing Coach Report	YES	NO	(please circle)
Schedule B attached:	YES	NO	N/A
Competition appointed independent coach assessment required:	YES	NO	
Independent Coach Assessment Approval of Senior Rugby Dispensation	YES	NO	N/A

Notes on decision / restrictions / specific grades with respect to this Senior Rugby Dispensation

Approved Senior Grade:

Name: _____ **Signature:** _____ **Date:** _____