

AGE GRADE 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. U12s, U16s, Senior Rugby)
Current Position(s)		Requested / Proposed Age Grade	(i.e. U14s, U15s)
Contact No.		E-mail:	
Height (cm)		Weight (kg)	

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, Age Grade Dispensation Procedure and 'Size for Age' Guidelines.
- c) To the best of my ability I have provided the accurate height and weight of the above-mentioned player.
- d) It has been explained to me that the aim of the Age Grade Dispensation Procedure is for Rugby participants with comparable physical development in conjunction with ability and/or experience to play with and against each other;
- 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

Assessing Coach Report Attached / Submitted	YES	NO	(please circle)
Schedule B Attached if required	YES	NO	N/A
Competition appointed Independent Coach Assessment required	YES	NO	
Competition appointed Coach Assessment Approval of Age Grade Dispensation	YES	NO	N/A
Notes on decision / restrictions with respect to this Age Grade Dispensation including recommended age grade (if applicable):			
Approved Age Grade:			

Name:

Signature:

Date: