

AGE DISPENSATION - CONSENT FORM

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

PLAYER (please print clearly)

Name:	Rugby Link No.		
Club/School:	Competition/State:		
Date of Birth:	Actual Age Grade:		(i.e. U12s, U16s, Senior Rugby)
Current Position:	Requested Age Grade:		(i.e. U14s, U15s)
Contact No.	E-mail:		

PARENT / LEGAL GUARDIAN

I confirm that:

- I am a parent or legal guardian of the abovementioned player;
- I have been provided with a copy of the Australian Rugby Safety Policy, Australian Rugby Participation Policy as well as the Age Dispensation Procedure and Age Dispensation Consent Form including Dispensation Schedules A & B;
- It has been explained to me that the risk of injury may be increased by the player playing in an age grade that differs from the player's actual age or recommended age grade; and
- I understand that rugby is a contact sport and, like all contact sports, players are exposed to risk of injury. I also understand that risk of injury may be increased by the player playing in an age grade that differs from the player's actual age or recommended age grade. 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 every such participant from all liability that may be incurred in connection with the player's participation in the requested or recommended age grade.

Name:	Signature:	Date:
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COMPETITION MANAGER OR STATE / TERRITORY UNION DESIGNATE

Schedule A Attached	YES	NO	(please circle)
Schedule B Attached	YES	NO	(please circle)
Competition appointed independent coach assessment required:	YES	NO	
Independent Coach Assessment Approval of Age Dispensation	YES	NO	N/A

Notes on decision / restrictions with respect to this Age Dispensation including recommended age grade (if applicable):

Approved Age Grade:	
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Name:	Signature:	Date:
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DISPENSATION FORM - Schedule A

This Dispensation Form is to be completed as required via the following Dispensation Procedures and Consent Forms: **Age Dispensation, Senior Rugby Dispensation, Mixed Gender Dispensation, Disability Dispensation and Gender Identification Procedures.**

Level of Experience:	The player's level of experience allows the player to compete safely with players in the proposed competition:			
	Enter the number of years played:			
	Was the player granted Dispensation the previous season (please circle):	YES	NO	
	Enter the number of years of representative experience:			
	Outline the representative level of experience below: [e.g. club/school and year(s) played]			
Physical Development:	The player's level of physical development allows the player to compete safely with players in the proposed competition			
	Proposed Playing Position(s):			
	Weight (kg):			
	Height (cm):			
	Is the player's physical development appropriate to positions played and level of competition? (Please circle):	YES	NO	
Skill Development:	The player's level of skill development allows the player to compete safely with players in the proposed competition (please circle)			
	Catch & Pass:	YES	NO	
	Track to Tackle competency:	YES	NO	
	Tackle competency:	YES	NO	
	Tackle Contest competency:	YES	NO	
	Set Piece (Scrum / Lineout):	YES	NO	N/A
	Assessment occurred during:	Match	Training	Both
	<i>Note: It is strongly desirable that assessment take place both during training and under match conditions. If a coach identifies the player as N/A in Set Piece, then that player cannot fulfil a functional role in a scrum or lineout in the competition to which this application is made.</i>			
Standard of Competition:	Does the standard of competition allow the player to compete safely with players in the proposed competition?	YES	NO	
Safety of Participant(s):	Is the player under assessment a significant safety risk to themselves or others by <u>NOT</u> receiving Dispensation?	YES	NO	

ASSESSING COACH

Name:	MyRugby No.
Contact No.	E-mail:
Coaching Accreditation:	Smart Rugby Accreditation:
Level [1][2][3] please circle Expiry _____	Expiry _____

In my opinion, the player's physical development, ability and/or experience is sufficiently high that the player can compete safely with players in the proposed grade. I have undertaken this assessment by viewing this player in training and /or match conditions. I have completed the Schedule A (and Schedule B if required) with the full knowledge of the ARU Safety Policy and Participation Policy and my responsibilities under those policies. I have explained to the player and his/her parent or guardian that the player participating against players of differing age / gender to the player and this may involve an increased level of injury risk.

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