

**AGE DISPENSATION - CONSENT FORM**

**COMPLETED FORM TO BE SUBMITTED TO YOUR COMPETITION MANAGER**

<b>PLAYER</b> (please print clearly)				
<b>Name:</b>		<b>Rugby Link No.</b>		
<b>Club/School:</b>		<b>Competition/State:</b>		
<b>Date of Birth:</b>		<b>Actual Age Grade:</b>		(i.e. U12s, U16s, Senior Rugby)
<b>Current Position:</b>		<b>Requested Age Grade:</b>		(i.e. U14s, U15s)
<b>Contact No.</b>		<b>E-mail:</b>		
<b>PARENT / LEGAL GUARDIAN</b>				
I confirm that:				
<ul style="list-style-type: none"> <li>a) I am a parent or legal guardian of the abovementioned player;</li> <li>b) I have been provided with a copy of the ARU's Safety Policy, Participation Policy as well as the Age Dispensation Procedure and Age Dispensation Consent Form including Dispensation Schedules A &amp; B;</li> <li>c) The coach has explained to me that, in his/her opinion, the player's physical development, ability and /or experience is appropriate that he/she can compete safely with players in the proposed age grade;</li> <li>d) It has been explained to me that the risk of injury may be increased by the player playing in an Age Grade above the player's actual age; and</li> <li>e) I understand that rugby is a contact sport and, like all contact sports, players are exposed to risk of injury. I also understand that the level of risk may be heightened where a player participates in a competition above the Eligible Age Grades in circumstances where the player's physical development, ability and experience are inferior to that of the players he or she will play against. 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 proposed age grade.</li> </ul>				
<b>Name:</b>		<b>Signature:</b>		<b>Date:</b>
<b>COMPETITION MANAGER</b>				
<b>Schedule A Attached</b>		<b>YES</b>	<b>NO</b>	(please circle)
<b>Schedule B Attached</b>		<b>YES</b>	<b>NO</b>	(please circle)
<b>Competition appointed independent coach assessment required:</b>		<b>YES</b>	<b>NO</b>	
<b>Independent Coach Assessment Approval of Age Dispensation</b>		<b>YES</b>	<b>NO</b>	<b>N/A</b>
<b>Notes on decision / restrictions with respect to this Age Dispensation including recommended age grade (if applicable):</b>				
<b>Approved Age Grade:</b>				
<b>Name:</b>		<b>Signature:</b>		<b>Date:</b>

## 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.**

<b>Level of Experience:</b>	The player's level of experience allows the player to compete safely with players in the proposed competition:		
	<b>Enter the number of years played:</b>		
	<b>Was the player granted Dispensation the previous season (please circle):</b>	YES	NO
	<b>Enter the number of years of representative experience:</b>		
	<b>Outline the representative level of experience below:</b> [e.g. club/school and year(s) played]		
<b>Physical Development:</b>	The player's level of physical development allows the player to compete safely with players in the proposed competition		
	<b>Proposed Playing Position(s):</b>		
	<b>Weight (kg):</b>		
	<b>Height (cm):</b>		
	<b>Is the player's physical development appropriate to positions played and level of competition? (Please circle):</b>	YES	NO
<b>Skill Development:</b>	The player's level of skill development allows the player to compete safely with players in the proposed competition (please circle)		
	<b>Catch &amp; Pass:</b>	YES	NO
	<b>Track to Tackle competency:</b>	YES	NO
	<b>Tackle competency:</b>	YES	NO
	<b>Tackle Contest competency:</b>	YES	NO
	<b>Set Piece (Scrum / Lineout):</b>	YES	NO
	<b>Assessment occurred during:</b>	Match	Training
	<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>		
<b>Standard of Competition:</b>	<b>Does the standard of competition allow the player to compete safely with players in the proposed competition?</b>	YES	NO
<b>Safety of Participant(s):</b>	<b>Is the player under assessment a significant safety risk to themselves or others by <u>NOT</u> receiving Dispensation?</b>	YES	NO

### ASSESSING COACH

**Name:** \_\_\_\_\_ **MyRugby No.** \_\_\_\_\_

**Contact No.** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Coaching Accreditation:** Level [ 1 ] [ 2 ] [ 3 ] please circle **Smart Rugby Accreditation:** 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:** \_\_\_\_\_

**SCHEDULE B – EXCEMPTION FOR FRONT ROW SUBMISSION FORM**

**COMPLETED SUBMISSION FORM, ATTACHMENTS AND CONSENT FORM TO BE SUBMITTED TO THE ARU**

**Fax: (02) 8005 5681 or e-mail [communityrugby@rugby.com.au](mailto:communityrugby@rugby.com.au)**

<b>PLAYER</b> (please print clearly)		
<b>Players Name:</b>	<b>Club/School:</b>	
<b>Phone:</b>	<b>E-mail:</b>	
<b>Rugby Link No.</b>	<b>Date of Birth:</b>	
1. Please enter the number of years played in front row		
2. Outline level of rugby played in front row (e.g. club/school, representative, etc. and year played)		
3. Did you play in the front row last year? (please circle)		
	<b>YES</b>	<b>NO</b>
4. If No, please state why:		
5. Did you miss any games due to injury in the last year? (please circle)		
	<b>YES</b>	<b>NO</b>
6. If Yes, how many games were missed due to injury last year?		
		<b>Missed Games</b>
List injuries causing a missed games:		
<b>ASSESSING COACH</b>		
<i>The assessing coach must be the same coach as in Schedule A. The assessing coach <u>must</u> hold the minimum required Coach accreditation, current Smart Rugby qualification and assess the player against the following considerations. If the answer is NO to any of these considerations, then the player shall NOT be considered capable of competing safely with players in the proposed competition at the time of this assessment. Subsequent assessments <u>may</u> take place if the coach believes competency has been gained to the considerations below by the player.</i>		
Have you received any specialised <b>front row coaching</b> in the last two seasons? (please circle)		
	<b>YES</b>	<b>NO</b>
If Yes, specify details (e.g. what coaching, identify the coach, level of coaching accreditation & experience, etc.)		
Does the player's level of <b>skill development</b> allow the player to compete safely in the front row with players in the proposed age grade competition		
	<b>YES</b>	<b>NO</b>
Does the <b>standard of competition</b> allow the player to compete safely in the front row with players in the proposed age grade competition?		
	<b>YES</b>	<b>NO</b>
<i>I declare that the information provided and attached is true and correct.</i>		
<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>
<b>ASSESSING STRENGTH &amp; CONDITIONING COACH</b>		
<i>The assessing S&amp;C coach <u>must</u> hold a minimum qualification of ASCA Level 1 (or equivalent). If the answer is NO to any of these considerations, then the player shall NOT be considered capable of competing safely with players in the proposed competition at the time of this assessment. Subsequent assessments <u>may</u> take place if the coach believes competency has been gained to the considerations below by the player.</i>		
<b>Name:</b>	<b>Contact No.</b>	
<b>Qualifications/ Accreditation:</b>	<b>E-mail:</b>	
Does the player undertake a regular (> 2/week) strength program? (please circle)		
	<b>YES</b>	<b>NO</b>
If Yes, how many times a week does the player complete strength training?		
		<b>Per week</b>
How many years has the player been completing regular strength program?		
	<b>Yrs</b>	<b>Mths</b>
<b>Please attach a copy of the player's current S&amp;C program (with S&amp;C coach sign off)</b>		

**Schedule B - Exception for Front Row (prop or hooker)**

<p><b>Considerations:</b></p>	<p>In assessing the suitability of a player to participate in the position of Front Row (prop or hooker) outside their Eligible Grades, the following factors will be considered and addressed in the Submission Form.</p> <p><b>(i) skill level, experience and the level of coaching received –</b></p> <p><i>Player experience in the Front Row (prop or hooker)</i></p> <ul style="list-style-type: none"> <li>➤ Number of years' experience playing in front row</li> <li>➤ Did you play in the front row last year?</li> <li>➤ If you missed a game through injury last year please identify the injured area (e.g. R. Shoulder, L. Knee or neck etc.)</li> </ul> <p><i>Level of coaching received</i></p> <ul style="list-style-type: none"> <li>➤ What Level of coaching accreditation does your current coach have?</li> <li>➤ Have you received any specialist front row coaching in the last 2 years? If Yes, please outline coaching received, identify the coach who provided this coaching, and outline their coaching accreditation and experience?</li> </ul> <p><b>(ii) strength –</b></p> <ul style="list-style-type: none"> <li>➤ Do you undertake a regular strength program? If Yes, how many times a week do you complete strength training, identify who provided the program and their qualifications, and provide the strength program that you have completed over the past 4 weeks.</li> <li>➤ Was your strength and conditioning program developed by a qualified Strength and Conditioning Coach?</li> <li>➤ How long have you been doing regular strength training? (ie months/years)</li> </ul> <p>In addition to the above information, an objective assessment of body structure may also be required if deemed appropriate.</p> <p><b>(iii) body structure –</b></p> <p>If your skill/experience and strength levels outlined above have been considered adequate, the ARU may request additional information in the form of CT scans or MRI scans, prior to approving an exception for Front Row.</p> <p>A referral for these investigations will be posted to you if appropriate. The costs of these investigations must be borne by the athlete.</p>
<p><b>Submission Forms can be sent to:</b></p>	<p>Australian Rugby Union          Fax: (02) 8005 5681; or          E-mail: <a href="mailto:communityrugby@rugby.com.au">communityrugby@rugby.com.au</a></p>
<p><b>Approvals</b></p>	<p>Approvals will be granted on a case by case basis.</p>