

AGE GRADE TWO-YEAR WINDOW - CONSENT FORM (PLAY DOWN)

COMPLETED FORM TO BE SUBMITTED TO YOUR COMPETITION MANAGER

PLAYER (please print clearly)

Name:	MyRugby No.
Club/School:	Competition/State:
Date of Birth:	Actual Age Grade: _____ (ie. U12's, U16's)
Playing Position:	Requested Age Grade: _____ (ie. U14's, 1 st XV)

ASSESSING COACH

Name:	MyRugby No.
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Coaching Qualification:	Level [2] [3] please circle Expiry _____	SmartRugby Qualification:	Expiry _____
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Coach to 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

Physical Development:	Does the player's level of physical development appear to be below that of others in his or her age group?	yes	no
Skill Level:	Is the player's skill level below that of other players in his or her age group?	yes	no
Level of Experience:	Does the player have limited or no experience to compete with other players at a comparable standard of competition?	yes	no
Standard of Competition:	Is the standard of competition in the proposed age grade competition suitable to allow the player to compete safely?	yes	no

In my opinion, the player's physical development, skill level and experience not adequate for the player to compete in his or her current age group

Signature: _____ Date: _____

Print Name: _____

PARENT / LEGAL GUARDIAN

I confirm that:

- a) I am a parent or legal guardian of the above mentioned player;
- b) I give my consent for the above mentioned player to play below his or her age group;

Signature: _____ Date: _____

Print Name: _____

COMPETITION MANAGER

I confirm that:

- a) A copy of this Policy is included in the competition rules; and
- b) Records of completed Consent Forms are kept.

Signature: _____ Date: _____

Print Name: _____