

**UNDER 8s CONSENT FORM**

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

**PLAYER** (please print clearly)

<b>Name</b>		<b>My Rugby ID.</b>	
<b>Club/School</b>		<b>Competition/State</b>	
<b>Date of Birth</b>		<b>Actual Age Grade</b>	(i.e. U7s)
<b>Current Position(s)</b>		<b>Requested / Proposed Age Grade</b>	(i.e. U8s)
<b>Contact No.</b>		<b>E-mail:</b>	
<b>Height (cm)</b>		<b>Weight (kg)</b>	

**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, Under 7s to Under 8s 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 Under 7s to Under 8s Procedure is for individual Rugby participants turning 7 in the calendar year with comparable physical development in conjunction with ability and/or experience to play in an Under 8 (contact) competition;
- e) I consent to my contact details being provided to a Qualified Independent Assessing Coach for the purpose of the player undergoing a Coach Assessment (including for arranging a suitable time and day to undertake the assessment) if necessary; and
- f) I understand that Under 8s rugby is a contact form of the game, 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**

<b>Check against 'Size for Age' guidelines undertaken</b>	YES	NO	(please circle)
<b>Check of other players in same team / school / club requesting to play in Under 8s competition</b>	YES	NO	
<b>Competition appointed Independent Coach Assessment required</b>	YES	NO	
<b>Competition appointed Coach Assessment Approval of Age Grade Dispensation</b>	YES	NO	N/A

**Notes on decision / restrictions with respect to this request for Under 7 participant to play in the Under 8 competition (if applicable):**

**Name:**

**Signature:**

**Date:**