

CONSENT FORM - Request to Play Senior Women's Rugby



Who Needs to Complete this Form

- All 16 and 17 year old players who wish to participate in a senior women's rugby match; and
- All 18 year old front row players who wish to participate in a senior women's rugby match.

As per the New Zealand Rugby NRP Policy #8B Age to Play Senior Women's Rugby:

- A player must be at least 16 years of age as at the first match of the competition they are being selected for in order to participate in a senior women's rugby match. That player must obtain prior written approval from the Provincial Union before they can participate in a senior women's rugby match.
- A front row player who is under 19 years of age as at the first match of the competition they are being selected for must obtain prior written approval from the Provincial Union before they can participate in a senior women's rugby match.

PLAYER APPROVAL

Player's Full Name:	
Date of Birth:	
Rugby Registration Number:	

I confirm that I wish to play in a senior women's rugby grade in the current season and I accept any associated risks playing with adults who may be stronger and physically more developed than me. I acknowledge that I recognise the physical and mental demands of playing senior women's rugby this season.

Signature of Player:	Date:
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PARENT / GUARDIAN APPROVAL

I the parent/guardian of consent to her playing in the current season of senior women’s rugby. I acknowledge that there are no previous medical conditions that may affect her participation in this competition and she is physically and mentally capable of playing senior women’s rugby this season.

Signature of Parent / Guardian:	Date:
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COACH APPROVAL

I AGREE / DISAGREE that is capable of competing in senior women’s rugby this season. She demonstrates the required skill level, fitness and comprehension of the game to compete in the competition.

Signature of Coach:	Date:
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If player is a front row forward, please comment on the player’s knowledge and understanding of how to play this position and comment on her technical skillset in this position:

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MEDICAL APPROVAL

I hereby certify that my patient (player) has been a patient of mine for years and that I AGREE / DISAGREE that she is medically capable of playing senior women’s rugby this season. She has no existing medical issues that may prevent her from competing in this competition safely.

Signature of Medical Practitioner (Doctor):	Date:
NZ Medical Council Number:	
Name Printed:	

PROVINCIAL UNION

Name of Provincial Union:

Approved / Declined (please circle)	
Signature of Provincial Union CEO:	Date:
Name Printed:	

