

**DISABILITY DISPENSATION - CONSENT FORM**

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

<b>PLAYER'S DETAILS</b> (please print clearly)			
<b>Name:</b>		<b>MyRugbyID</b>	
<b>Club/School:</b>		<b>Competition/State:</b>	
<b>Date of Birth:</b>		<b>Requested Age Grade:</b>	(i.e. U13, U14, U15)
<b>Contact Phone No:</b>		<b>Contact email:</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 Disability Dispensation Procedure.
- c) It has been explained to me that the aim of the Disability Dispensation Procedure is to create inclusion, as long as it is safe to do so, and for Rugby participants with comparable physical development in conjunction with ability and/or experience to play with and against each other;
- d) 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); and
- e) I understand that rugby is a contact sport, 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.
- f) The Rugby Australia or the relevant State or Territory Union may contact the Medical Specialist to discuss the player's application if required.

**Name:**

**Signature:**

**Date:**

**MEDICAL SPECIALIST**

I confirm that:

- a) I have been provided with a copy of the Disability Dispensation Procedure; and
- b) The player has a physical and/or intellectual disability; and
- c) I have attached supporting documentation to verify the nature of the physical and/or intellectual disability of the player; and
- d) The player is physically and/or intellectually able to participate in contact sport; and
- e) The physical and/or intellectual disability has impacted on the player's development relative to other players in their relevant age group; and
- f) The player's participation would not increase the level of risk posed to other players within the proposed age group.

<b>Name</b>		<b>Medical Board of Australia Registration No.</b>	
<b>Phone</b>		<b>Email</b>	
<b>Signature</b>		<b>Date</b>	

**DISABILITY DISPENSATION - CONSENT FORM (Continued)**

**COMPETITION MANAGER**

Disability Dispensation Assessing Coach Report Attached:	YES	NO	(please circle)
Supporting documentation from Medical Specialist attached:	YES	NO	(please circle)
Subsequent Independent Coach Assessment Required for Approval of Disability Dispensation:	YES	NO	(please circle)
Approved for Disability Dispensation:	YES	NO	(please circle)
Notes on decision / restrictions with respect to this Disability Dispensation:			
Approved Disability Age Grade for player to participate in:			
Name:	Signature:	Date:	
<p><b><i>NOTE: Applications for dispensation will be considered on a case-by-case basis by the Competition Manager of the relevant State Union or Affiliate. If granted, it is the duty of the Competition Manager to notify the Clubs with teams in the proposed competition that dispensation has been provided to the relevant player under the Rugby Australia Disability Dispensation Procedure.</i></b></p>			