

**MIXED GENDER DISPENSATION - CONSENT FORM**

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

**PLAYER** (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. U13, U14, U15)
<b>Current Position(s)</b>		<b>Requested / Proposed Age Grade</b>	(i.e. U12, U13, U14)
<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, Mixed Gender Dispensation 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 Mixed Gender Dispensation Procedure is to create inclusion, so 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;
- 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); and
- f) 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.

**Name:**

**Signature:**

**Date:**

**COMPETITION MANAGER OR STATE / TERRITORY UNION DESIGNATE**

<b>Assessing Coach Report Attached</b>	YES	NO	(please circle)
<b>Schedules B Attached (if required)</b>	YES	NO	(please circle)
<b>Written confirmation from a Medical Practitioner known to the player</b>	YES	NO	(please attach)
<b>Written agreement from a Medical Specialist retained by the Union</b>	YES	NO	(please attach)
<b>Musculo-skeletal evaluation and other appropriate assessments</b>	YES	NO	(please attach)
<b>Independent Coach Assessment Required for Approval of Mixed Gender Dispensation</b>	YES	NO	(please circle)
<b>Regular Rugby opportunities available for player applying for Mixed Gender Dispensation</b>	YES	NO	(please circle)
<b>Approved for Mixed Gender Dispensation</b>	YES	NO	(please circle)
<b>Notes on decision / restrictions with respect to this Mixed Gender Dispensation</b>			
<b>Approved Mixed Gender Age Grade to for player to participate in</b>			

**Name:**

**Signature:**

**Date:**