

NZR AGE BAND EXCEPTIONAL CASE ASSESSMENT FORM (May 2021)

APPROVED FORM TO BE SUBMITTED TO YOUR COMPETITION GOVERNING BODY'S PROVINCIAL UNION

Player Details (please print clearly)

Name:	National Rugby ID:
Club/School	Provincial Union:
Number of Years played:	Proposed playing position:
Weight:	Height:
Date of Birth:	Requested Competition:
Contact Phone No:	E-mail:

Parent/Legal Guardian (Consent required if player is less than 18 years old)*I confirm that:*

- a) I am the player or a parent or legal guardian of the above-mentioned player;*
- b) I have been provided with a copy of the NZR Age Band for Playing Policy.*
- c) I consent to my contact details being provided to an Assessing Coach for the purpose of the player undergoing a technical assessment (including for arranging a suitable time and day to undertake the assessment);*
- d) It has been explained to me that the aim of Age Band for Playing Policy is to facilitate inclusion so long as it is safe and for rugby participants with comparable physical development in conjunction with ability and/or experience to play with and against each other;*
- 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.*

Name:**Signature:****Date:****Doctor***I confirm that:*

- a) I have been provided with a copy of the NZR Age Bands for Playing Policy; and*
- b) The player is physically able to participate in a contact sport at the level proposed; and*
- c) I have provided relevant medical advice to the player and their legal guardian of any matter that they should consider in applying to play outside their recommended age bands.*

Name:**Medical Counsel Registration Number:****Phone:****Email:****Signature:****Date:**

TECHNICAL ASSESSMENT BY INDEPENDENT COACH			
<i>The player's level of competence and confidence allows the player to compete safely with players in the proposed competition</i>			
Track to tackle	Yes	No	Notes:
Tackle technique	Yes	No	Notes:
Tackle contest	Yes	No	Notes:
Approved to play?	Yes	No - Requires Re-assessment (add comments as necessary)	
Name:		National Rugby ID	
Phone:		Email:	
Signature:		Date:	
APPROVAL BY SCHOOL PRINCIPAL / CLUB CHAIR			
<i>Approval is granted to enter the player into the proposed School/Club team in accordance with NZR Age Bands to Play Policy.</i>			
Name:	Signature:		Date
Position:			