



Dispensation Form One: Season 2008/09



Permission for a 17 Year Old to Play Senior Women's Rugby

Please return to: Deborah Nicholas, WRU, Millennium Stadium, Westgate Street, Cardiff, CF10 1NS

First Name:	Other Initials:	Last Name:
Player's Contact & Playing Detail		
Address:		Date of birth:
		Senior Club:
		Playing Position:
Postcode:		Second Playing Position:
Home Phone:		Years playing experience:
Mobile Phone:		
Email:		

Parent/Guardian Permission (please fill-in appropriate sections)

I _____ (parent/guardian) give permission for _____ (player) to participate in Senior Women's Rugby. I am aware that full IRB Laws apply to all senior games played. I am also aware that the aforementioned player is not permitted to play in the front or second row of the scrum.

Signature:	
Date:	
Relationship to player:	

Head Coach Disclaimer (please fill-in appropriate sections)

I _____ Head Coach of _____ (club) agree that _____ (player) can train and play with the team. I am also aware that this player is not permitted to play in the front or second row of the scrum.

Signature:	
Date:	

For Office Use Only: Date received: Application Approved: Yes/No Copies returned to club: YES/NO (Women's community rugby manager)
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