

NEW ZEALAND RUGBY NATIONAL RUGBY POLICY AGE TO PLAY SENIOR RUGBY APPROVAL FORM (February 2022)														
<i>COMPLETED FORM IS TO BE SUBMITTED TO YOUR COMPETITION GOVERNING BODY'S PROVINCIAL UNION FOR PROCESSING</i>														
Player Details (please print clearly)														
Name:	National Rugby ID:													
Gender: Male / Female														
Club:	Provincial Union:													
Number of Years Playing Rugby:	E-mail:													
	Contact Phone No:													
Date of Birth:	Requested Competition:													
Age on Application:														
Proposed Playing Position (subject to age eligibility)	Eligible Playing Positions for Senior Rugby:													
	<table border="1"> <thead> <tr> <th>Position</th> <th>Boys</th> <th>Girls</th> </tr> </thead> <tbody> <tr> <td>Backs</td> <td>16 – 17</td> <td>16 – 17</td> </tr> <tr> <td>Forwards</td> <td>16 – 17</td> <td>16 – 17</td> </tr> <tr> <td>Front Row</td> <td>16 (U21s only) 17</td> <td>16 – 18</td> </tr> </tbody> </table>		Position	Boys	Girls	Backs	16 – 17	16 – 17	Forwards	16 – 17	16 – 17	Front Row	16 (U21s only) 17	16 – 18
Position	Boys	Girls												
Backs	16 – 17	16 – 17												
Forwards	16 – 17	16 – 17												
Front Row	16 (U21s only) 17	16 – 18												
Player/Parent/Legal Guardian (Parent/Legal Guardian Consent required if Player is less than 18 years old)														
<p><i>I confirm that:</i></p> <p>a) <i>I am the above-mentioned player or a parent or legal guardian of the above-mentioned player.</i></p> <p>b) <i>I have been provided with a copy of the NZR National Rugby Policy Age to Play Senior Rugby (Policy).</i></p> <p>c) <i>It has been explained to me that the aim of the Policy is to facilitate inclusion and a participation opportunity (when one does not exist for a player) so long as it is safe to do so considering that player will compete against senior and more experienced players.</i></p> <p>d) <i>I understand that rugby is a contact sport, and, like all contact sports, players are exposed to a risk of injury.</i></p> <p>e) <i>I consent to the information included in this form (Personal Information) being provided to an assessing coach and the CEO of the relevant Provincial Union for the purpose of the player undergoing a technical assessment (including for arranging a suitable time and day to undertake the assessment) and for the purpose of granting approval (or otherwise) to the player to play Senior Rugby (as defined in the Policy) (together the Purposes). The Provincial Union will hold the Personal Information in secure, locked files for one year, after which it will be destroyed. The Provincial Union will share the outcome of this application with the relevant club or school as well as NZR (via the NZR National Rugby Database) to ensure accurate records are maintained for rugby competitions. The Provincial Union may also share Personal Information to comply with legislation or for the purposes of safety and security to relevant law enforcement bodies, or as may be authorised by the player or parent or legal guardian. By completing this approval form, the player or parent or legal guardian authorises the collection, use and disclosure of the Personal Information for the Purposes. Failure to</i></p>														

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<i>complete this form (or providing incorrect information) may result in the Provincial Union being unable to process this application. The player or parent or legal guardian has the right to access (and correct) the Personal Information pursuant to the Privacy Act 2020 by contacting the privacy officer of the Provincial Union.</i>	
Name:	Signature:
	Date:
Medical Specialist	
<i>I confirm that:</i>	
<i>a) I have been provided with a copy of the NZR National Rugby Policy Age to Play Senior Rugby (Policy).</i>	
<i>b) In my professional opinion, the above-mentioned player is physically, mentally, and emotionally able to participate in a Senior Rugby (as defined in the Policy)</i>	
<i>c) I have provided medical advice to the above-mentioned player and their parent/legal guardian [striketrough if not relevant] that should be considered before applying to play Senior Rugby.</i>	
<i>d) The above-mentioned player is of the following height and weight at time of medical examination on [insert date]:</i>	
Height:	
Weight:	
Name:	Medical Council Registration Number:
Phone:	Email:
Signature:	Date:
FORM TO BE PROVIDED TO PU COMMUNITY RUGBY MANAGER FOR PROCESSING	