

Singapore Rugby Union



UNDER 18 PLAYER ELIGIBILITY REQUEST

The following signatures must be submitted to Singapore Rugby

Under 18 Player in Positions Other than Front Row in Adult Rugby

PLAYERS FULL NAME (BLOCK CAPITALS)	TEAM
PLAYERS POSITION	DATE OF BIRTH

SRU Technical Director

In regard to this player, I agree as SRU Technical Director, with an appropriate understanding of the physical attributes required of, and the risks to play Elite Adult Rugby, that this player has the requisite skills and experience to play Elite Adult Rugby, but NOT in the front row.

NAME & POSITION (BLOCK CAPITALS)	SIGNATURE
----------------------------------	-----------

Team Coach

In regard to this player whom I know, I agree as Coach, with an appropriate understanding of the physical attributes required of, and the risks to play Elite Adult Rugby, that this player has the requisite skills and experience to play Elite Adult Rugby, but NOT in the front row.

TEAM COACH NAME (BLOCK CAPITALS)	TEAM COACH SIGNATURE
----------------------------------	----------------------

Player Agreement

I agree to play Elite Adult Rugby, but NOT in the front row and accept any associated risk of playing with Adults who may be stronger and more physically developed than me.

PLAYERS NAME IN BLOCK CAPITALS	PLAYERS SIGNATURE
--------------------------------	-------------------

Medical Practitioner (Sports Medicine Doctor)

In regard to this player, I confirm as a medical practitioner with an understanding of the demands of Elite Adult Rugby that this player is in a physical condition to play Elite Adult Rugby, but NOT in the front row, and that this view is supported by a musculo-skeletal evaluation and other appropriate assessments.

MEDICAL PRACTITIONER NAME (BLOCK CAPITALS)	MEDICAL PRACTITIONER SIGNATURE
--	--------------------------------

Medical Officer (Team Doctor)

In regard to this player, I agree as a Medical Officer employed or retained by the player's home union and with an understanding of the demands of Elite Adult Rugby, that this player is in a physical condition to play Elite Adult Rugby, but NOT in the front row, and that this view is supported by a musculo-skeletal evaluation and/or other appropriate assessments.

MEDICAL OFFICER NAME (BLOCK CAPITALS)	MEDICAL OFFICER SIGNATURE
---------------------------------------	---------------------------

Parent / Legal Guardian

I agree that my child named above may play Elite Adult Rugby, but NOT in the front row, and accept any associated risk of him/her playing with Adults who may be stronger and/or more physically developed.

PARENT OR LEGAL GUARDIANS NAME (BLOCK CAPITALS)	PARENT OR LEGAL GUARDIAN SIGNATURE
---	------------------------------------