



## **U19 Player Dispensation Request Form** (U17-Year-old players)

This guideline aims to protect the safety and welfare of Age Grade Rugby Players wishing to play Adult Rugby at both Elite and Participation/Community levels by trying to ensure that participants with broadly compatible physical development and skill levels play with and against each other.

Under 18 players can play adult rugby but strictly **NOT** in the front row.

Age of player is deemed as age as of **1<sup>st</sup> Sep in the year of competition.**  
**(only for SRU League)**

All screening/s **MUST** be completed before a chosen player **begins rugby training** above his or her age grade. No less than 2 months before the intended tournament.

E.g.: A 17-year-old player on **1<sup>st</sup> September 2018** (or earlier) can apply to **SRU** for dispensation to participate in Adult Rugby starting in November 2018.

**16-year-old players are NOT allowed to play Adult Rugby.**

### **Requirements for playing above their age grade in Adult Rugby**

- a. Written confirmation from a coach with an appropriate understanding of the physical attributes required and of the risks to players in Adult Rugby and to whom the player is known that the player has the requisite skills and experience to play Adult Rugby.  
**Submission of the relevant information:**
  - Written log of the said players number of games and position/s in the last 12 months with video evidence of a recent game to support request.
  - Medical history (Include injuries, medical conditions if any)
- b. Written approval from the SRU Technical Director.
- c. Written agreement from the **Under 18 player** to play Adult Rugby and acceptance of the associated risk with playing with Adults who may be stronger and more physically developed than them;
- d. Written confirmation from an SRU approved **medical practitioner (i.e. Sports Med Doctor)** with an understanding of the demands of Adult Rugby to whom the player is known that the player is in a physical condition to play Adult Rugby and that this view is supported by a review of medical and athletic history, physical and musculo-skeletal evaluation, cardiac screening and/or other appropriate assessments.
- e. Written agreement from an **SRU medical officer (i.e. SRU Team Doctor)** with an understanding of the demands of Adult Rugby employed or retained by the player's home union that the player is in a physical condition to play Adult Rugby and that this view is supported by a review of medical and athletic history, physical and musculo-skeletal evaluation, cardiac screening and/or other appropriate assessments.
- f. Parental or legal guardian's **consent in writing**, after discussion with medical practitioner and coaches.



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**(U17-Year-old players)**

### **Medical Examinations**

This guideline aims to protect the safety and welfare of Age Grade Rugby Players wishing to play Adult Rugby at both Elite and Participation/Community levels by ensuring that participants with broadly compatible physical development and skill levels play with and against each other.

### **Required Medical Screenings**

- Medical History
- Athletic history
- Physical Examination
- Musculo-skeletal Examination
- \*Blood tests – FBC
  - Renal
- \*Chest X-ray
- \*ECG

Any other examinations as necessary to determine if the player can be cleared to play adult rugby.

\* If deemed necessary by assessing physician.

# Singapore Rugby Union



## U19 PLAYER DISPENSATION REQUEST FORM

The following signatures must be submitted to Singapore Rugby

**Under 19 Player in Positions Other than Front Row in Adult Rugby**

<b>PLAYERS FULL NAME</b> (AS PER NRIC / PASSPORT IN BLOCK CAPITALS)	<b>TEAM</b>
<b>PLAYERS POSITION, HEIGHT &amp; WEIGHT</b>	<b>DATE OF BIRTH</b>

### 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. I confirm I have submitted the necessary relevant information to the SRU Technical Director.

<b>TEAM COACH FULL NAME</b> (BLOCK CAPITALS)	<b>TEAM COACH SIGNATURE</b>
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### 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. I have reviewed the necessary information from the team coach.

<b>TECHNICAL DIRECTOR FULL NAME</b> (BLOCK CAPITALS)	<b>TD SIGNATURE</b>
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### 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.

<b>PLAYERS FULL NAME</b> (BLOCK CAPITALS)	<b>PLAYERS SIGNATURE</b>
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### 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 review of medical and athletic history, physical and musculo-skeletal evaluation, cardiac screening and/or other appropriate assessments.

<b>MEDICAL PRACTITIONER FULL NAME</b> (BLOCK CAPITALS)	<b>MEDICAL PRACTITIONER SIGNATURE</b>
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### Medical Officer (SRU 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 review of medical and athletic history, physical and musculo-skeletal evaluation, cardiac screening and/or other appropriate assessments.

<b>MEDICAL OFFICER FULL NAME</b> (BLOCK CAPITALS)	<b>MEDICAL OFFICER SIGNATURE</b>
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### Parent / Legal Guardian

I agree that my child named above may play Elite Adult Rugby, but NOT in the front row, with Adults who may be stronger and/or more physically developed. I have been informed of the risks and accept responsibility for any injuries sustained by my child during training or competition.

<b>PARENT / LEGAL GUARDIANS FULL NAME &amp; CONTACT NUMBER</b>	<b>PARENT OR LEGAL GUARDIAN SIGNATURE</b>
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