



SRU Adult Rugby Dispensation Request Form

This guideline aims to protect the safety and welfare of Age Grade Rugby Players wishing to play Adult Rugby at all levels of domestic competitions in Singapore, by trying to ensure that participants with broadly compatible physical development and skill levels play with and against each other.

Dispensation is required for the following 2 groups of players:

17YO players can play Adult Rugby but strictly **NOT** in the FRONT ROW
18YO players wishing to play Adult Rugby, specifically in the FRONT ROW

Age of player is deemed as age as at **a specific date stipulated in the Competition Manual for a specific competition**

All screening/s **MUST** be completed before a chosen player **begins rugby training** above his or her age grade.

16-year-old players are NOT allowed to train or play in Adult Rugby.

Dispensation documentation is separated into 4 Parts:

Part 1: Adult Rugby Dispensation Consent Form (Player/Parent/Guardian)

Part 2: Adult Rugby Coach Assessment Report (Coach)

Form 2a: 17YO not playing in Front Row;

or

Form 2b: 18YO playing in Front Row

Part 3: Adult Rugby Medical Assessment Form (Doctor)

Part 4: SRU approval (Union)



SRU ADULT RUGBY DISPENSATION CONSENT FORM

- 17YO to play ADULT RUGBY, not in FRONT ROW
- 18YO to play ADULT RUGBY, specifically in the FRONT ROW

AGE AS OF:

The following information must be submitted to Singapore Rugby Union

PLAYER INFORMATION

PLAYERS FULL NAME: (AS PER NRIC / PASSPORT)	TEAM/CLUB:
PLAYERS POSITION:	DATE OF BIRTH:

PLAYER AGREEMENT

I agree to play Adult Rugby, and accept any associated risk of playing with Adults who may be stronger and more physically developed than me.

PLAYERS FULL NAME	PLAYERS SIGNATURE
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PARENT/GAURDIAN

I agree that my child named above may play Adult Rugby, with Adults who may be stronger and/or more physically developed. I attended the meeting with the Medical Practitioner and have been informed of the risks and accept responsibility for any injuries sustained by my child during training or competition.

PARENT / LEGAL GUARDIANS FULL NAME & CONTACT NUMBER	PARENT OR LEGAL GUARDIAN SIGNATURE
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SRU ADULT RUGBY COACH ASSESSMENT REPORT

■ 17YO to play ADULT RUGBY, not in FRONT ROW

The following information must be submitted to Singapore Rugby Union

PLAYER INFORMATION

PLAYERS FULL NAME: (AS PER NRIC / PASSPORT)	TEAM/CLUB:
PLAYERS POSITION:	DATE OF BIRTH:

Player to fill in:

How Long have you been playing for?	
Highest level of rugby played?	
Have you received specialist coaching in the past 2 years?	YES / NO
I understand the risks associated with playing Adult Rugby	YES / NO

Coach to fill in:

You have the required experience to approve this application for dispensation?	YES / NO
The player has correct attributes to safely play at this level?	YES / NO
The player has sufficient training to safely play at this level?	YES / NO
You approve this player to play Adult Rugby for your club/team?	YES / NO

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 Adult Rugby, that this player has the requisite skills and experience to play Adult Rugby. I confirm I have submitted the necessary relevant information to the SRU Technical Director.

TEAM COACH FULL NAME	TEAM COACH SIGNATURE
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SRU ADULT RUGBY COACH ASSESSMENT REPORT

■ 18YO to play ADULT RUGBY, in the FRONT ROW

The following information must be submitted to Singapore Rugby Union

PLAYER INFORMATION

PLAYERS FULL NAME: (AS PER NRIC / PASSPORT)	TEAM/CLUB:
PLAYERS POSITION:	DATE OF BIRTH:

Player to fill in:

How Long have you been playing for?	
Highest level of rugby played?	
Have you received specialist Front Row coaching in the past 2 years?	YES / NO
Did you play in the FR last year?	YES / NO
Have you been injured from playing in the Front Row?	YES / NO
I understand the risks associated with playing Adult Rugby in the Front Row	YES / NO

Coach to fill in:

You have the required experience to approve this application for dispensation?	YES / NO
The player has correct attributes to safely play at this level?	YES / NO
The player has sufficient training to safely play at this level?	YES / NO
You approve this player to play Adult Rugby for your club/team?	YES / NO

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 Adult Rugby, that this player has the requisite skills and experience to play Adult Rugby. I confirm I have submitted the necessary relevant information to the SRU Technical Director.

TEAM COACH FULL NAME	TEAM COACH SIGNATURE
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Medical Assessment Form

As part of the Adult Rugby Dispensation Procedure, a medical assessment and written clearance by a physician who understands the demands and risk of playing adult rugby is required for Age Grade Rugby Players wishing to play Adult Rugby at both Elite and Participation/Community levels. A parent or legal guardian **MUST** be present with the player for this medical assessment.

Medical examiner check list:

Items	Yes	No
Has the player and parent/guardian signed the written consent form to play adult rugby?		
Has the parent/ guardian been informed and counselled on the risk of playing adult rugby?		
Does the player have the SRU Adult Rugby Coach Assessment report to play adult rugby?		

Medical examiner's recommendation:

In regard to this player, I confirm as a medical practitioner with an understanding of the demands of Adult Rugby that this player (name): _____ NRIC /FIN no _____, that:

	Yes	No
* The 17YO player is medically fit to play Adult Rugby but NOT IN FRONT ROW, and that this view is supported by a review of medical and athletic history, physical and musculoskeletal evaluation, cardiac screening, and/or other appropriate assessments.		
* The 18YO player is medically fit to play Adult Rugby including FRONT ROW and that this view is supported by a review of medical and athletic history, physical and musculoskeletal evaluation, cardiac screening, and/or other appropriate assessments.		

* Please delete one

Medical Examiner's comments/ further recommendations:

Name of physician:

Signature:

MCR number:

Relevant qualifications:

Date:

Place of practice / clinic with official clinic stamp:

Disclaimer:

A pre-participation screen is intended to ascertain the results of history, physical examinations and selected investigations that may be known to have some correlation to certain medical risk factors, conditions, or diseases. There is no perfect test that will pick up medical conditions with 100% accuracy. There are conditions that are difficult to pick up, even with the most sensitive of tests. Hence, the absence of any abnormal findings should never be treated as a guarantee that medical conditions are not present or will not be present, and it should also not prevent anyone, who feels unwell or experiences any symptoms whatsoever, from seeking prompt medical attention and care. Do also note that medical conditions may arise after the tests are completed. In summary, while pre-participation screening is expedient as it may show up medical conditions that need attention, it is not a guarantee that adverse events will not occur.

PART 4



SRU Checklist:

Items	Yes	No
Has the player and parent/guardian signed the written consent form to play adult rugby? (Part 1)		
Does the player have the SRU Adult Rugby Coach Assessment report to play adult rugby? (Part 2)		
The player has completed Medical Assessment and has approval from a physician understanding the demands of Adult Rugby? (Part 3)		
Has the parent/ guardian been informed and counselled on the risk of playing adult rugby? (Part 3)		

Singapore Rugby Union

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 Adult Rugby, that this player has the requisite skills and experience to play Adult Rugby. I have reviewed the necessary information from the team coach.

TECHNICAL DIRECTOR FULL NAME	TECHNICAL DIRECTOR SIGNATURE
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