



WWRU Dispensation Form One: Season 2007/08



Permission for a 10 Year Old player to play Girls' Under 14 Age Band Rugby

Please return to: WRU Women's Department, 1st Floor Golate House, 101 St Mary Street, Cardiff, CF10 1GE

First Name:	Other Initials:	Last Name:	
Player's Contact & Playing Details			
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 girls' Under 14 Age Band Rugby. I am aware of the full rules and regulations regarding this age band.

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.

Signature:	
Date:	

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