



**WWRU Dispensation Form Three: Season 2007/08**



**Permission for a 16 Year Old player to play Senior Women's Rugby**

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

First Name:	Other Initials:	Last Name:	
<b>Player's Contact &amp; Playing Details</b>			
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 Senior Women's Rugby. I am aware that full IRB Laws apply to all senior games played. I am also aware that the aforementioned player is not under any circumstances allowed to play in the front row or second row of the scrum.

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. I am also aware that this player is not under any circumstances allowed to play in the front row or second row of the scrum.

Signature:	
Date:	

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