Playing Adult Rugby Form

The decision to allow a male or female 17 year old to play adult rugby in accordance with RFU Regulation 15.6.1., lies with the person in the best position to assess all the relevant circumstances.

This form should be read in conjunction with the Age Grade Codes of Practice: www.englandrugby.com/codesofpractice

Note: Please use alternative form to apply for England Academy Players.

1. The ultimate consideration must be for the welfare and safety of the player and those with whom the player will be playing.

2. There has and will be clear communication with all those involved in and affected by the decision.

3. The following aspects must been taken into consideration when making the decision:
   (i) The physical development of the individual and the player’s playing colleagues
   (ii) The skill level and experience of the individual
   (iii) The individual’s playing position in the team
   (iv) The competitive standard of the particular match and playing conditions.

Player Name: ___________________________ Date of Birth: __________ Age: _____

Club: _________________________________ RFU ID Number: __________________

Playing Position: _____________________

Please Note: 17 years old Players are not permitted to play or train in adult rugby in the front row.

Playing Experience

Years: ______________________ and Level: ______________________________________

Please indicate whether permission is granted for training only, matches only or both:

☐ Training only  ☐ Training & Matches  ☐ Both
Reason for the player to play out of their Age Grade:

Period of Permission, including dates (e.g. one match, a series of matches, the season):
NB: maximum period is 1 season

Proposed by: __________________________________________

Role in relation to the Player: _______________________

Declaration:
We certify that all the information on this form is correct and agree to play the above player out of age grade in accordance with RFU Regulation 15 (Age Grade Rugby).

Signature of Proposer (i.e. coach): ________________________ Date: __________

Signature of Parent/Guardian or Head Teacher: __________________________

Date: __________________________

It is a requirement of RFU Regulation 15 that this form is duly completed and signed and retained as a record of consent. Please send a copy of this form to your Constituent Body.