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| **ELIGIBILITY REQUEST** | |
| **The following signatures must be submitted to the SRI LANKA RUGBY** | |
| **Under 18 Positions (Other than Front Row in 15-a-side Rugby)** | |
| **PLAYERS NAME (BLOCK CAPITALS)** | **UNION** |
| **PLAYERS POSITION** | **DATE OF BIRTH** |
| **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. | |
| **PLAYERS NAME IN BLOCK CAPITALS** | **PLAYERS SIGNATURE** |
| **Parent / Legal Guardian** | |
| I agree that my child named above may play Elite Adult Rugby, but NOT in the front row, and accept any associated risk of him/her playing with Adults who may be stronger and/or more physically developed. | |
| **PARENT OR LEGAL GUARDIANS NAME**  **(BLOCK CAPITALS)** | **PARENT OR LEGAL GUARDIAN SIGNATURE** |
| **Medical Practitioner** | |
| 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 musculo-skeletal evaluation and other appropriate assessments. | |
| **MEDICAL PRACTITIONER NAME (BLOCK CAPITALS)** | **MEDICAL PRACTITIONER SIGNATURE** |
| **Medical Officer** | |
| 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 musculo-skeletal evaluation and/or other appropriate assessments. | |
| **MEDICAL OFFICER NAME (BLOCK CAPITALS)** | **MEDICAL OFFICER SIGNATURE** |
| **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. | |
| **TEAM COACH NAME (BLOCK CAPITALS)** | **TEAM COACH SIGNATURE** |
| **Other** | |
| Such other consents or confirmations (if any) as may be required by the player’s home union or to comply with the  local jurisdiction. | |
| **NAME & POSITION (BLOCK CAPITALS)** | **SIGNATURE** |