## **SCHEDULE A** - AGE-GRADE TWO-YEAR EXEMPTION AND CONSENT FORM FOR <u>ALL</u> APPLYING PLAYERS TO COMPLETE

COMPLETED FORM MUST	BE SUBMITTED	O TO YOUR PROVINCIAL UNION MANAGER OF SC	CHOOLS RUGBY OR BOKSMART REPRESENT	ATIVE – <u>Front Row players, additionally need to Submit SC</u>	HEDULES B	and C
		SECTION A: TO BE CO	MPLETED BY THE PLAYER (PF	RINT CLEARLY)		
Players Full Names:						
ID Number:			Competition/Province			
Date of birth:			Current Age-grade e.g., U16 – (15-year-old)			
Club/School Name		Age-grade applied for e.g., U18				
Playing position:		Contact Number:				
Number of years' experience playing at this position		Email address:				
SECTION B: TO BE COMPLETED BY THE PLAYER'S COACH (PRINT CLEARLY)						
Coach's Full Nan	· · · · · · · · · · · · · · · · · · ·					
ID Number:			Contact Number:			
World Rugby Level			Email address:			
Coaching qualification:			Liliali addiess.			
World Rugby Level Expiry date:			BokSmart Certification Code			
Years of coaching experience			BokSmart Expiry date:			
The coach has to assess the player against the following considerations. If there are any NO answers to any of the considerations, the player should NOT be allowed to participate in the Age-grade applied for, as this indicates an increased risk to safe participation in the Proposed Age-grade.  Please Note: In exceptional cases, a player's physical, emotional, motor and cognitive development, skill level and experience, may be such that he/she may be allowed to participate in an Age-grade above his/her current two-year age-band. However, within the year in question, he/she, in keeping with the "Minimum Age" definition, may not participate in an Age-grade greater than three years above his/her age on the 1 <sup>st</sup> day of January of that year.  The coach performing this assessment on the player shall have no less than a World Rugby Level 2 Coaching qualification. Not having a World Rugby Level 2 qualification therefore does not qualify the Coach, to competently and objectively assess the player's capabilities. Furthermore, the coach has to have an active BokSmart Certification status.						
				y compete in his/her position within the age-division	YES	NO
		applied for?	Abbrevia de la Abrevia distributa a confidencia de Conc			
Does the player have the pecessary expr				ately compete in the age-division applied for?  er players at a comparable standard in the age-division	YES	NO
Level of Experience:			applied for?		YES	NO
Safety Risk:			inated position, and is the player at no mo than any of the other participants in the a	re risk of serious and catastrophic head, neck or cervical ge-division applied for?	YES	NO
		Have you completed	the BokSmart Pre-participation screening	questionnaire with the player?	YES	NO
However, in my qualified opinion, the player's physical development, skill level and level of experience is of a sufficiently high standard so that the player can safely compete in the proposed Age-grade, in his/her nominated position, with no more risk of serious and catastrophic head, neck or cervical spine injury than any of the other participants that play in the same position applied for within the proposed Age-grade.  Signature of Coach:  Date:						
8						
- "	SECI	TION C: TO BE COMPLETED BY THE	HE PLAYER'S PARENT/LEGAL	GUARDIAN (PRINT CLEARLY)		
Full names:						
ID Number: I hereby confirm that:			Contact Number:			
<ul> <li>a. I am the parent or legal guardian of the abovementioned player</li> <li>b. I have been provided with and read a copy of the SARU Under-age guidelines applicable to School rugby Age-banding</li> <li>c. The coach has explained to me that in his/her qualified opinion the player's physical development, skill level, and level of experience is of a sufficiently high standard so that the player can safely compete in the proposed Age-grade, with no more risk of serious and catastrophic head, neck or cervical spine injury than any of the other participants that play in the same position applied for within the proposed Age-grade</li> <li>d. It has however been explained to me that the player will be competing in a higher age-division against older players and that this may normally involve an increased level of risk</li> <li>e. I understand that rugby is a contact sport, and like all contact sports, players are exposed to a risk of injury, and in the case of rugby union, albeit very few in number, potentially also catastrophic head, neck or cervical spine injury</li> <li>f. I acknowledge and fully comprehend that the level of risk of these injuries may be increased where a player competes above the two-year window, and where the player's physical development, skill level, and level of experience may potentially be inferior to that of the players that he/she may play against.</li> <li>g. I knowing the above agree to the extent permitted by Law, to waive any claims for liability against SARU, the Provincial Union, or any of its affiliate clubs, schools or rugby bodies, and any of its participants, including but not limited to players, coaches, referees, medical support staff, volunteers and administrators and release every such body or participant from all liability that may be incurred in connection with the player's participation in the proposed Age-grade</li> </ul>						
Signature:			Date:			
	CHON D: T	O BE COMPLETED BY THE PROV	INCIAL UNION'S MANAGER (	OF SCHOOLS RUGBY (PRINT CLEARLY)		
Full names:		1				
ID Number:			Contact Number:			
I hereby confirm that:  a. I have received all the necessary and completed SCHEDULE A documentation as required by the School Age-banding exemption policy, and confirm that all stipulations have been met  b. I have also received Certified Copies of the applying Coach's Identity document, World Rugby Level 2 (or above) coaching qualification and active BokSmart Certification status, in application for exemption of the two-year window for the player mentioned above, and within the restrictions of the three (3) year maximum window stipulations  C. I further acknowledge that all records of the Consent and this application are kept on file at the Union offices and that the office, the player's parents or legal guardian and the coach have received copies of the completed exemption documentation						
Signature:			Date:			