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PROVINCIAL RUGBY UNION u20 CLUB WAIVER APPLICATION CONFIRMATION

Provincial Rugby Union: _____

Rugby Club: _____

Provincial Rugby Union *General Manager: Amateur Rugby or Equivalent position* personal details:

(Full names of General Manager or Equivalent position)

Player Details:

(Full names of involved Player)

Player's Date of Birth or ID number: _____

Player's on-field non-front row position(s) applied for: _____

Tick the Box below indicating the Level of clearance applied for:

Club U20 or Community level U20 rugby

I, the undersigned *General Manager: Amateur Rugby or Equivalent position* stipulated above, confirm that all details as required for the Waiver application process stipulated in **Clause 3** of the **ADDENDUM 3: Under-Aged Non-Front Row Players in Club U20 Rugby** applicable to the **SARU REGULATIONS FOR UNDER-AGED RUGBY: ADULT RUGBY** of the player mentioned above have been received in good order, have been verified and have been signed off by me.

The player has met the clearance criteria stipulated in **Clause 3** of **ADDENDUM 3: Under-Aged Non-Front Row Players in Club U20 Rugby** for training, practicing, participating, or playing in any way, in Club U20 or Community level U20 rugby, in the non-front row position applied for.

**General Manager: Amateur Rugby or Equivalent's
Signature**

Date Signed