**Underage Player Form – Tertiary Use**

*Completed form to be forwarded to the Hong Kong Rugby Union*

*IMPORTANT – before filling in this form, please read the following carefully:-*

* **The World Rugby do not encourage underage players to participate in the adult game**
* **The HKRU will only support an exceptional player to participate in the adult game**
* **A 17 year old or below playing adult rugby has NO coverage under the HKRU Youth insurance policy, and comes under the Adult death and serious permanent disability policy only.**
* **Under no circumstances should the player play in the front row.**

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| ***PLAYER*** |
| **Name:** |  | **Institute:** |  |
| **Date of Birth:**  |  | **HKID card no:** |  |

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| ***COACH*** |
| I hereby declare that: |
| a) I hold a current Level 1 Coach Accreditation and have attended the HKRU Underage Player Briefing |
| b) The skill level, physical development, playing experience of the player and standard of opposition has been taken into account prior to my recommendation  |
| **Signature:** |  | **Date:** |  |
| **Print Name:** |  | **Institute:** |  |
| Cleared to play up to: Premiership A and below Premiership (with support of HKRU Performance Department only) |

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| **PARENT / LEGAL GUARDIAN** |
| I hereby declare and understand that:1. I am a parent or legal guardian of the abovementioned player;
2. The abovementioned player and I have been notified of the World Rugby Guidelines and HKRU Policies in relation to participation of underage players Adult Rugby;
3. The above mentioned player and I have been notified that he/she is acting outside the World Rugby Guidelines and HKRU Policies and all inherent risks associated with doing so.
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| **Signature:** |  | **Date:** |  |
| **Print Name:** |  |

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| **Club Chairman / Club’s Director of Rugby** |
| I support and endorse this submission and am confident that the decision has been made with the best interest of the players development in mind; |
| **Signature:**  |  | **Date:** |  |
| **Print Name:** |  | **Position:**  |  |

Application received by HKRU and approved / not approved / approved with the following guidelines:

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |
| **Print Name:** |  | **Position:** |  |

**Please either e-mail to chris.lin@hkrugby.com or fax to 25767237**