



# 2024/25 APPLICATION FORM

## Dispensation to Play Down

COMPLETED FORM TO BE EMAILED TO: [age.banding@sru.org.uk](mailto:age.banding@sru.org.uk)  
ALL SECTIONS OF THE FORM ARE COMPULSORY

team:

For safety and to allow young players to develop in the best environment within clubs and schools, they should be training and competing with others of the same age and physical maturity. However, in exceptional cases a player may be given dispensation to participate in rugby at a level below their true age grade. If granted, is only valid for one season, and only allows players to play down one age grade, in a specific team.

**EACH APPLICATION IS ASSESSED ON A CASE BY CASE BASIS AND CAN TAKE UP TO 1 MONTH TO COMPLETE, DEPENDING ON INDIVIDUAL CIRCUMSTANCES.**

### PLAYER INFORMATION

(Please complete all fields, print clearly and tick as appropriate)

Name:	Player Height:	cm
Date of Birth:	Player Weight:	kg
Club/School:	Paternal Height:	cm
Playing Position:	Paternal Weight:	kg
Actual Age Group/ Team:	Maternal Height:	cm
Proposed Age Group/Team	Maternal Weight:	kg
SCRUMS ID:		

### REASON FOR APPLICATION (FROM CLUB/SCHOOL - TO BE COMPLETED BY COACH)

(Please provide a brief statement giving the reasons for this application. If you have any relevant supporting documentation, please include it.)

### PLAYER DECLARATION

I believe that I should be training and completing with others at a level younger than my true age grade.

Please note that the following types of signature on this document will be accepted: scanned/cut and pasted/handwritten/verifiable electronic signature. A typed name will not be accepted. Only one signature box requires completion.

Signature:

OR

Electronic  
Signature:

Print Name:

Date:



## IF IN DOUBT, SIT THEM OUT.

For more information visit [sportscotland.org.uk/concussion](https://sportscotland.org.uk/concussion)

## COACH DECLARATION

(Please complete all fields and print clearly)

Name:

SCRUMS ID:

Email:

Mobile Number:

Club/School:

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Signature:

OR

Electronic  
Signature:

Print Name:

Date:

## CLUB PRESIDENT/SCHOOL HEAD OF RUGBY (OR OTHER RELEVANT CLUB/SCHOOL OFFICE BEARER) DECLARATION

(Please complete all fields and print clearly)

Name:

Email:

Mobile Number:

Club/School:

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Signature:

OR

Electronic  
Signature:

Print Name:

Date:

## PARENT/LEGAL GUARDIAN DECLARATION

(please complete all fields and print clearly)

Name:

Relationship:

Address:

Email:

Telephone:

Mobile:

I confirm that:

- I agree to my child's level of physical maturity being assessed by an appropriate Scottish Rugby representative at a centre identified by Scottish Rugby;

The personal data submitted when completing this form will be processed by Scottish Rugby Union Limited in accordance with its Privacy Policy (available at <https://www.scottishrugby.org/privacy-policy>)

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## SCOTTISH RUGBY DECLARATION

(Office Use Only)

I confirm that:

- a) The information submitted above complies with the Scottish Rugby policy.
- b) The player has been assessed by an appropriate Scottish Rugby representative on behalf of Scottish Rugby and has been / has not been granted dispensation to play down

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Signature:

**OR**

Electronic  
Signature:

Print Name:

Date:



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