

Rugby Alberta Application for Dispensation

The goal of this application process is to ensure that all players are participating in a team and league that is best for the safety and development of themselves and all other players on the field. Please only complete this form if you believe that this request is necessary to provide a better and safer environment for all involved. We encourage all members to provide opportunities for players to participate within the World Rugby approved two-year age window. Please review the Rugby Alberta Age Dispensation Policy found here before completing this form.

The applicant is not eligible to participate in any contact rugby related activities (e.g., practice or competition) at the requested age category until they have received a signed and approved copy of this form from Rugby Alberta.

Note: applications can take up to 10 business days to process.

All approved 2025 requests will expire April 30th, 2026.

Only fully complete applications meeting all the criteria will be approved. All decisions are final and no exceptions to this policy will be made. If you have any questions about the process prior to submitting this form, please contact info@rugbyalberta.com.

Application to Participate in:						
Senior Rugby	Higher Age Grade Rugby	Lower Age Grade Rugby				
Section 1 – Player In	formation (PLEASE PRINT CLEARL	Υ)				
Name:	Player Category:	Mens Womens				
Email:	Telephone:					
Club:	Position:					
Date of Birth(dd/mm/yy):	Weight: lbs					
Years playing Rugby:	Highest level played:					
Reason for Request (select It is believed that all requested age cate	l participants on the field of play would be gory e requested age category will provide co	romTo: e safer with the applicant participating in the mpetition better matched to the applicant's				

Standard of

Competition

	ssessing Coach Information and Assemust have a minimum of NCCP coaching level 2(current) at			
Coaches Name:				
Email:	mail: Telephone:			
NCCP Certification	n #:			
Rugby Ready Cer	tification (To be attached to this application):	Yes / No		
Concussion Mana	gement Certification (To be attached to this application)	Yes / No		
or the player to partic criteria using the facto		n is to assess the player ag on Policy for guidance. If t y with players in the propo	gainst the f the player	ollowing is a no to
Physical and Mental Development	In your opinion does the player's level of physica (Maturity) development allows the player to compute the proposed level of competition?		Yes	No
Skill Level	In your opinion is the player's skill level compara in the proposed competition? (Including skills sp playing position and in relation to the games fund pass, ruck, maul, scrum etc.)	ecific to his/her	Yes	No
Level of Experience	In your opinion does the player have the experier other players in the proposed age group compet (Please consider the following factors - has the prepresentative/pathway rugby? has the player be player in his/her age group? has the player train the proposed age grade/division and how did he	ition? layer been involved in een an outstanding ed with the players in	Yes	No

Assessing Coach In my opinion, the player's physical maturity, skill level and experience is sufficiently high that the player is capable of competing safely with players in the proposed age grade/division. I have explained to the player and his/her parent or guardian that if the player will be competing against older players it may involve an increased level of injury risk. Assessing Coach Signature: _____ Date: _____ Print Name:

In your opinion is the standard of competition in the proposed

game/competition suitable to allow the player to compete safely?

Yes

No

Section 3 — **Medical Review** (PLEASE PRINT CLEARLY)

evaluation of the	sports medicine specialist, or athletic therapist is to perform a musculo-skeletal applicant and assess them for suitability to compete at the requested age category. If complete, the request will be denied.
	confirm the following: olicant is known to me.
the risk of injury for a different a	stand that rugby is a contact sport, and, like all contact sports, players are exposed to r. This risk could be heightened by allowing players to participate in matches organized ge category if their physical development, skill level, maturity, and experience differ e players they will play with and against.
	on a musculo-skeletal evaluation, I can confirm that the applicant is in such physical better suited to competition at the requested age category than their current age
and the physica	that, based on my knowledge of the applicant, the nature of a contact sport like rugby, I and competitive environment expected for the applicant in the requested age amination has indicated that they are better suited to competition with players in the category.
Print Name:	Medical Credentials/Certification # :
Signature:	Date:
I confirm that: I am a parent of the coach has experience is signade. If this dispensating in the player's phywill play against	Parent/Legal Guardian Information (PLEASE PRINT CLEARLY) In legal guardian of the above-mentioned player; It is explained to me that, in their opinion, the player's physical development, skill level and sufficiently high that they are capable of competing safely with players in the proposed age stion is for an older age grade or Senior Rugby, it has been explained to me that the risk of creased by the player playing in an older age grade. The player playing in an older age grade. The player playing in an older age grade where sical development/maturity, skill level and experience are inferior to that of the players he/she are Edmonton Rugby Union, Calgary Rugby Union, Alberta Junior Rugby Association and Rugby
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Section 4 – Rugby Alberta Sub-Union Representative (PLEASE PRINT CLEARLY)

Calgary Rugby or Edmonton Rugby Union Representative				
Calgary Rugby Union	Edmonton Rugby Union			
Print Name:	Board Position:			
Signature:	Date:			
Rugby Alberta Use Only:				
Approved	Not Approved			
Signature:	Date:			
Print Name:				