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| **WAIKATO CENTRAL JUNIOR RUGBY**  **DISPENSATION APPLICATION** |
| All dispensations to the table of weights are at the discretion of the WCJR Weigh in Committee,  and their decision is final. |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Year |  | | | | | Club | | |  | | |
| Player Surname: |  | | | | | Player First Names: | | |  | | |
| Player D.O.B. |  | | | | | Player Weight | | |  | | |
| Number of years playing rugby to date: | | | | |  | | | | | | |
| Grade eligible for: | |  | | | | Grade applying for: | | | | |  |
| Has the player previously played representative rugby? | | | | Yes / No | | If Yes, give details: | |  | | | |
| Reason for this application: | | | |  | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Applying Club Representative: | | |  | | | | Phone Number: | | |  | |

**Please attach a copy of the applicant’s birth certificate and player profile (with current photo).**

**PLEASE EMAIL OR POST YOUR APPLICATION TO:**

Waikato Central Junior Rugby Waikato Central Junior Rugby

Comp Weigh-in Convenor: Haley Slater Junior Weigh-in Convenor: Adrian Levis

38 Ellicott Rd, Dinsdale, Hamilton Email: wicnoncomp@outlook.com

Email: wiccomp@outlook.com

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| **FOR WCJR USE ONLY** | | | |
| Dispensation: | Granted / Declined | Type: | Temporary |

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| **WAIKATO CENTRAL JUNIOR RUGBY**  **DISPENSATION ADVICE** |

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| --- | --- | --- | --- | --- | --- |
| Year |  | | Club |  | |
| Player Surname: |  | | Player First Names: |  | |
| Dispensation | | Granted / Declined | Type | Temporary | |
| Grade eligible for: | |  | Grade Dispensated to: | |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Weigh In Committee Representative | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Weigh In Committee Representative | | |

PLEASE ENSURE THIS FORM IS ATTACHED TO THE PLAYERS PROFILE AND IS AVAILABLE FOR VIEWING WHEN REQUESTED. **ALL DISPENSATED PLAYERS MUST WEAR ORANGE SOCKS DURING GAME TIME.**