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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.**