

U18 ELIGIBILITY REQUEST

The following signatures must be submitted to the IRFU prior to the tournament

Under 18 Positions (in 7-a-side Rugby)

Born in 2000 & 2001

Players Name	Club / Team
Players Position	Date of Birth

PLAYER AGREEMENT

I agree to play National Age-Grade Under-18 Rugby and accept any associated risk of playing with Under-18 players who may be stronger and more physically developed than me.

Players Name	Players Signature
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PARENT / LEGAL GUARDIAN

I agree that my child named above may play National Age-Grade Under-18 Rugby and accept any associated risk of him/her playing with Under-18 players who may be stronger and more physically developed.

Parent / Legal Guardian Name	Parent / Legal Guardian Signature
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MEDICAL OFFICER / PRACTITIONER

In regard to this player, I confirm as a Medical Officer / Practitioner with an understanding of the demands of National Age-Grade Under-18 Rugby that this player is in physical condition to play National Age-Grade Under-18 Rugby and that this view is supported by a musculo-skeletal evaluation and other appropriate assessments.

Medical Officer / Practitioner Name	Medical Officer / Practitioner Signature
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TEAM COACH

In regard to this player, whom I know, I agree as a Coach, with an appropriate understanding of the physical attributes required of, and the risks to play National Age-Grade Under-18 Rugby, that this player has the requisite skills and experience to play National Age-Grade Under-18 Rugby.

Team Coach Name	Team Coach Signature
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