

Appendix C: Written Confirmation and Agreement from a Medical Practitioner

In accordance with the Saskatchewan Rugby Age Dispensation Policy, this documentation is to provide consent for the following age dispensation

Athlete Name: _____ Athlete DOB: _____

Proposed level of competition: _____

Medical Practitioner Information

Name: _____ Telephone #: _____

Medical Credentials: _____

Clinic Address: _____

This is to confirm that, based on my understanding of the physical and competitive environment expected for the aforementioned Athlete in the proposed level of competition, an examination has indicated that he/she is physically capable of safely participating in the proposed rugby activities. This acknowledges that they have no active medical conditions, injuries, or other health concerns that would hinder their participation at this level.

Additional Comments (Optional):

Medical Practitioner Signature: _____ Date: _____