

GENDER IDENTIFICATION DISPENSATION - CONSENT FORM COMPLETED FORM TO BE SUBMITTED TO YOUR COMPETITION MANAGER

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Name:		Rugby Link No.			
Club/S	School:	Competition/State:			
Date of Birth:		Requested competition:			
Conta	ct Phone No:	E-mail:			
PLAY	ER / PARENT / LEGAL GUARDIAN				
I confir	m that:				
a)	I am the player or a parent or legal guardian of t	the above-mentioned player;			
b)	I have been provided with a copy of the Gender	Identification Dispensation Procedure;			
c)		a Qualified Assessing Coach for the purpose of the player arranging a suitable time and day to undertake the assessment);			
d)	It has been explained to me that the aim of Gender Identification Dispensation Procedure is to facilitate inclusion so long as it is safe and for Rugby participants with comparable physical development in conjunction with ability and/or experience to play with and against each other;				
e)	I understand that rugby is a contact sport, and, like all contact sports, players are exposed to a risk of injury. In addition to understanding these risks, I also agree, to the extent permitted by law, to waive my right to bring any claim for liability against any participant (including players, coaches, volunteers and administrators) and release all participants from any liability that may be incurred in connection with the player's participation in the requested or recommended age grade.				
f)	I acknowledge that I am bound by the Rugby AU Medical Specialist any treatments, medications process for gaining a Therapeutic Use Exemption	or methods that may impact su			
Name:	Signate	ure:	Date:		
MEDI	CAL SPECIALIST				
	m that:				
a)	I have been provided with a copy of the Gender	Identification Dispensation Pro	ocedure; and		
b)	The player identifies physically and/or psychologically with a gender that differs to their gender provided in their birth certificate; and				
c)	I have attached supporting documentation to verify the nature of the physical and/or psychological gender identification of the player; and				
d)	The player is physically able to participate in a contact sport at the level proposed; and				
e)	I have reminded the player of their obligations to comply with the Rugby AU Anti-Doping Code and, where applicable, have explained the process of applying for a Therapeutic Use Exemption.				
Name:	:	Medical Board of Australia	Registration No:		
Phone	ı:	Email:			
Signat		Date:			



Name: Signature:	Date:		
Approved Competition to for player to participate in:			
Notes on decision / restrictions with respect to this Gender Identification Dispensation (including recommendations on appropriate competition):			
Approved for Gender Identification Dispensation:	YES	NO	(please circle
Environmental and all off-field safety and wellbeing factors for the player and other players considered:	YES	NO	(please circle
Independent Coach Assessment Required for Approval of Gender Identification Dispensation:	YES	NO	(please circle
Written and signed declaration of gender identity attached:	YES	NO	(please circle
Written supporting documentation from Medical Specialist attached:	YES	NO	(please circle
Schedules B Attached:	YES	NO	(please circle
Assessing Coach Report Attached:	YES	NO	(please circle
COMPETITION MANAGER			

NOTE: Approvals will be granted on a case by case by the Competition Manager of the relevant State Union or Affiliate. Once granted, it is the duty of the Competition Manager to notify Clubs with teams in the proposed competition that dispensation has been provided to a player under the Rugby AU Gender Identification Dispensation Procedure.