

FINALS DISPENSATION FORM



DETAILS OF PERSON SUBMITTING THIS FORM				
Name:			Email:	
Club:			Phone:	
Position:		Signature:		Date of Submission: / /

DETAILS OF PLAYER				
Name:			MyRugby ID:	
Grade:			Phone:	
Dispensation Requested for:	Injury / Illness / Extreme+Special Circumstances (circle one)			
Number of Games Missed:		Specific Rounds seeking dispensation approval for:		

FURTHER DETAILS FOR DISPENSATION REQUEST

Please attach any supporting documentation signed by a qualified medical professional who monitored the player during their injury/illness. Any application without supporting documentation will not be accepted.

The person submitting this dispensation request form is required to **Complete** this document and **Submit (with supporting documentation)** to RUSA:

- For injury or illness dispensation request - by **COB Monday 30 August 2021**
- For extreme/special circumstances – by **COB Monday 23 August 2021**

Any extension to the dispensation request may granted in the absolute discretion of the Finals Eligibility Committee)

Submit this form via **Email to info@sarugby.com.au**

Should you have any queries regarding this document, please contact SA Rugby Union on (08) 7070 6940.