

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 16 August 2021**
- For extreme/special circumstances – by **COB Monday 9 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.