High-Performance Testing Under-Aged Player Clearance FORM

Provincial Rugby Union: _____

Rugby Club: _____

SA Rugby Accredited High-Performance Testing Centre and *representative's* details:

_____

(*Name of Testing Centre* and *Full names of representative*)

Player Details:

_____

(*Full names of involved player*)

Player's Date of Birth or ID number: _____

Player's on-field position(s) applied for: _____

Tick the Box below indicating the Level of clearance applied for:

☐ Club U20 or Community level U20 rugby

I, the representative for the above stipulated *SA Rugby Accredited High-Performance Testing Centre*, fully understand the risks associated with this player training, practicing, participating or playing in the level indicated above (*Rugby Activities*).

I fully understand that the Rugby Activities involve risks and dangers of serious bodily injury, including permanent bodily injuries. These risks may be caused by the player's own actions, or inactions, the actions or inactions of others participating in the Rugby Activities.

In my capacity as the *High-Performance Testing Centre* representative, I have assessed the physical capacity of the player above according to the protocols prescribed, in terms of his/her physical high-performance status with their intention to play in the on-field position(s) and Level stipulated above.

Based on this physical assessment, the player, in all areas, has met the stipulated High-Performance testing targets sufficiently, and has been found to be strong, healthy and fit enough to safely participate at the Level applied for, and in the position(s) stipulated.

_____   _____

SA Rugby Accredited High-Performance   Date Signed
Testing Centre representative's Signature