

**Central Coast Division Junior Rugby League
Consent Form - Players Playing in a Higher Age Division**

I/We hereby give permission for my/our son/daughter

.....DOB/...../..... To play with the
(Player's Name)

.....Under.....
(Club Name) (Higher age division)

I am aware of the increased risks my son/daughter will be exposed to both physically and mentally by playing in a higher age division.

Parent/Guardian Name.....

Parent/Guardian Signature.....Date...../...../.....

On behalf of the.....JRLFC

I hereby give permission for.....
(Player's Name)

to play with the.....Under.....

I am aware of and have explained the increased mental and physical risks of playing in a higher age division to both the player and his/her parent/guardian.

Club Representative Name.....

Club Representative Signature.....Date.....

IF THIS FORM IS NOT COMPLETED THE PLAYER MAY NOT BE COVERED BY INSURANCE IF INJURED WHILST PLAYING IN A HIGHER AGE DIVISION.