



All children will participate in their year or age group. Promotion to a higher age group may be acceptable if the form below is completed. A younger player who has been assessed as being able to compete at a higher level, may do so providing all relevant parties are in agreement with this decision.

PLAYING IN A HIGHER AGE DIVISION CONSENT FORM

(Please circle)

I / We hereby give permission for my / our Son / Daughter: _____ (insert full Name)
DOB ____/____/____ to play with the _____ (insert School) Senior Male / Female
(Years 10,11 & 12) Team _____ (insert team name).

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

I / We am aware that my son / daughter required to fulfil his obligations to his correct age division prior to competing in the higher age division.

Parent / Guardian Name: _____

Parent / Guardian Signature: _____ Date: ____/____/____

On Behalf of the _____
(insert School Name)

I hereby give permission for: _____ (insert player's name)

This Consent is valid for (tick one):

One game only (date) ____/____/____

The entire 2017-18 Water Polo Season.

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

School Representative Name: _____

School Representative Signature: _____ Date: ____/____/____

This form is to be completed and returned to the Registrar – Rockhampton Water Polo Association
PRIOR to the player playing in a higher age division.