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| **All dispensations are at the discretion of the WSS dispensation Committee and their decision is final** | | | | | | | | |
| Year: |  | | | | School: |  | | |
| Player Surname: |  | | | | Player First Names: |  | | |
| Player D.O.B |  | | | | Player Weight |  | | |
| Number of years playing rugby to date: | | | | |  | | | |
| Grade eligible for: | | | | | Grade playing for: | | |  |
| Has the player previously played representative rugby? | | | | | Yes / No | If Yes, give details: | |  |
| Reason for this application: | | | | |  | | | |
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| **Please attach a copy of the applicants birth certificate and any other applicable information Please Email your application to:** | | | | | | | | |
| Waikato Secondary Schools | | | | | | | | |
| Dispensation Committee | | | | | | | | |
| Email: [cwynne@tac.school.nz](mailto:cwynne@tac.school.nz)  [paulm@mooloo.co.nz](mailto:paulm@mooloo.co.nz) | | | | | | | | |
|  |  | |  |  |  |  |  | |
| For WSS Use Only | | | | | | | | |
| Dispensation: | | Granted / Declined | | | Type: | Temporary / Permanent | | |