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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: |   |
|   |
|   |
|   |
| **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.nzpaulm@mooloo.co.nz |
|   |   |   |   |   |   |   |
| For WSS Use Only |
| Dispensation:  |  Granted / Declined | Type:  | Temporary / Permanent  |