**Dispensation Form**

**Sport Bay of Plenty Events - 2019**

 *[Student’s name]* is enrolled at our school as a full time student and wishes to play *[Code].* Our school has insufficient student numbers to make up a team in this code.

1. to play up an age level or down an age level
2. to play for another team
3. to play for another school not the first team
4. medical certificate to qualify for finals event

Accordingly, as required by Sport Bay of Plenty, *[Student’s name and age]* and *his/her* parents have been informed and would like their child to be granted dispensation

In doing so *he/she* would guarantee to meet the requirements for your school levy for that sport, attend trainings required of them and accept whilst in the sporting arena, your school’s behavioural expectations and players code.

Unless an exemption has been granted by *Sport Bay of Plenty*, *he/she* also understands that as per the *Sport Bay of Plenty* rules, they will be ineligible to play for your school’s first team. At a national level unless they have attain a dispensation from the national body

Would you please consider this request and unless you have an objection, return a signed copy of this to me at your earliest convenience so this can proceed. I will then also copy to Sport Bay of Plenty

Yours sincerely

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Sport Coordinator – Teacher in Charge Student Parent/Caregiver*

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*Date Received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Please send to Sport BOP* *juliea@sportbop.co.nz* *.*

*Sport BOP Regional Secondary School Sport Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*