**Player Directions Age Grade – Red Card Logo

Description automatically generated**

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| **A)** Were you shown a red card? | Yes | No | If no, please comment | |
| Do you accept that you committed an act or acts of foul play, as set out in the Match Official(s) report(s) and accept the red card was correct. | Yes | | | No  *(if no, go to Section B)* |
| Do you agree to have to have the case dealt with on papers only. | Yes | | | No |
| Any previous disciplinary record: | Any factors to be taken into consideration? | | | |
| Upcoming matches: | | | |
| **B)** Will you try and show that the referee’s decision to award the red card was wrong. | Yes | | | No |
| If so, why was the referee’s decision wrong (in summary), and what evidence (and/or authorities) will you rely on to support your position. |  | | | |
| Who will be attending the Hearing with you: | Name(s): | | | |
| Player name: | Parent/Guardian signature: | | | |

**To be completed within SEVEN (7) Days and sent to: The Welsh Rugby Union Disciplinary Department. Email** [**disciplinarydept@wru.wales**](mailto:disciplinarydept@wru.wales)

**Please ensure that all documentation/information that you wish to rely upon to support the player’s case are returned along with this form.**