



OUTBOUND TOUR SANCTIONING APPLICATION (CLUB)

TOUR DETAILS

This application must be completed electronically. Hand written forms will not be accepted.

NAME OF RUGBY CLUB:			
AGE GRADE (U11s, 1st XV, SENIORS):			
NAME OF MEMBER PROVINCIAL UNION:			
TOUR DATES (INCLUSIVE) FROM:		TO:	
COUNTRY(S) OF DESTINATION:			
NUMBER IN OFFICIAL TOURING PARTY:	PLAYERS:	OFFICIALS:	SUPPORTERS:
			TOTAL:
ALL PLAYERS & OFFICIALS ARE CURRENTLY REGISTERED PARTICIPANTS:		YES	NO
TOUR ORGANIZER NAME:		EMAIL:	
TOUR ORGANIZER TELEPHONE:			
	(Home)		(Cell Phone)

NAMES OF TEAM MANAGEMENT

MANAGER:		HEAD COACH:	
ASSISTANT COACH:		MEDICAL:	

MATCH ITINERARY

Please attach additional pages should further match details be required.

DATE OF MATCH/COMPETITION	NAME OF HOST UNION/CLUB/SCHOOL	VENUE/REGION

DECLARATION ON BEHALF OF RUGBY BODY/ENTITY TEAM

By completing this registration form, I as the organizer of the touring party have read and agree to the Rugby Canada Touring Terms and Conditions.

DATE: **NAME:** **SIGNATURE:**

APPROVAL BY PROVINCIAL UNION

DATE:

NAME:

SIGNATURE:

APPROVAL BY RUGBY CANADA

DATE:

NAME:

SIGNATURE:



DECLARATION BY OFFICIALS

Dear Rugby Canada,

Please find attached an application from the [REDACTED] Club/Union, in respect of a proposed tour to [REDACTED].

As Manager of the touring party, I make this application with the full knowledge that the permission of Rugby Canada to tour is conditional on my team abiding by Rugby Canada and Provincial Union related policies.

It is clearly understood, that as Organizer, I will be responsible for the conduct of the team whilst on tour and adhere to the Rugby Canada Touring terms and conditions.

Yours sincerely,

NAME: [REDACTED] **SIGNATURE:** [REDACTED]
(Touring Team Manager)

I, [REDACTED] President/Secretary, agree to ensure that all touring members are aware of the Rugby Canada Terms and Conditions, and their individual responsibility to their club/team/provincial union and Rugby Canada.

NAME: [REDACTED] **SIGNATURE:** [REDACTED]
(President/Secretary)

TOUR ROSTER



NAME OF RUGBY CLUB:

	SURNAME	FORENAME	DATE OF BIRTH	PLAYING POSITION	MEMBERSHIP #
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					

By completing the Tour Roster, I acknowledge that all touring parties are bound by the Rugby Canada Code of Conduct. Please note that if the touring party is more than 23 players, please submit a separate page along with this document.

ORGANIZER: **SIGNED:** **DATE:**

TEAM OFFICIAL DETAILS



NAME OF RUGBY CLUB:

COACH

NAME:	<input type="text"/>
QUALIFICATION/ACCREDITATION:	<input type="text"/>
PHONE (H):	<input type="text"/>
CELLPHONE:	<input type="text"/>
COMPLETED SAFESPORT TRAINING:	YES NO
CRIMINAL RECORD CHECK:	Completed within the last 5 years YES NO
MEMBERSHIP ID:	NCCP#

ASSISTANT COACH

NAME:	<input type="text"/>
QUALIFICATION/ACCREDITATION:	<input type="text"/>
PHONE (H):	<input type="text"/>
CELLPHONE:	<input type="text"/>
COMPLETED SAFESPORT TRAINING:	YES NO
CRIMINAL RECORD CHECK:	Completed within the last 5 years YES NO
MEMBERSHIP ID:	NCCP#

MANAGER

NAME:	<input type="text"/>
QUALIFICATION/ACCREDITATION:	<input type="text"/>
PHONE (H):	<input type="text"/>
CELLPHONE:	<input type="text"/>
COMPLETED SAFESPORT TRAINING:	YES NO
CRIMINAL RECORD CHECK:	Completed within the last 5 years YES NO
MEMBERSHIP ID:	NCCP#

PHYSIOTHERAPIST

NAME:	<input type="text"/>
QUALIFICATION/ACCREDITATION:	<input type="text"/>
PHONE (H):	<input type="text"/>
CELLPHONE:	<input type="text"/>
COMPLETED SAFESPORT TRAINING:	YES NO
CRIMINAL RECORD CHECK:	Completed within the last 5 years YES NO
MEMBERSHIP ID:	NCCP#

ADDITIONAL TEAM MANAGEMENT STAFF

NAME:	<input type="text"/>
QUALIFICATION/ACCREDITATION:	<input type="text"/>
PHONE (H):	<input type="text"/>
CELLPHONE:	<input type="text"/>
COMPLETED SAFESPORT TRAINING:	YES NO
CRIMINAL RECORD CHECK:	Completed within the last 5 years YES NO
MEMBERSHIP ID:	NCCP#



TOURING TERMS AND CONDITIONS

By completing this Out of Country Tour Sanctioning Form, you (or if the participant is under 18 years of age, that participant's parent or legal guardian on behalf of the participant) agree:

- The information that you have provided is true, correct and accurate.
- You have fully disclosed any suspension which is anyone in the tour party is serving and/or will disclose any suspensions imposed in the future.
- To comply with and abide by the rules and regulations which govern the Game and its authorized variations, including, World Rugby Laws of the Game and Regulations (www.worldrugby.org) and Rugby Canada Policies.
- You have fully disclosed any incident, matter or set of circumstances (irrespective of when it occurred) that does, or has the potential to, render you an unfit or improper person to be a Participant in Rugby Canada. This includes any incident, matter or set of circumstances that could damage the game of Rugby or bring in to question the integrity and good character of its Participants.
- Rugby Canada may deregister you at any time by notice.
- All participants are registered with the club through Rugby Canada's national registration platform.
- All participants are in good standing order with the Rugby Club.
- You will comply with the rules/laws of the host country.
- That a Risk Assessment has been completed.

Insurance

Registered participants of the Game are provided basic levels of cover under the National Insurance Program. It is recommended that all participants travelling overseas consider Private Health and Travel insurance as required for their individual circumstances, over and above the coverage provided under the National Insurance Program. For further information please visit rugby.ca.