



OUTBOUND TOUR SANCTIONING APPLICATION (SCHOOL/UNIVERSITY)

TOUR DETAILS

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

NAME OF SCHOOL/UNIVERSITY:	<input type="text"/>		
TOUR DATES (INCLUSIVE) FROM:	<input type="text"/>	TO:	<input type="text"/>
COUNTRY(S) OF DESTINATION:	<input type="text"/>		
NUMBER IN OFFICIAL TOURING PARTY:	PLAYERS:	OFFICIALS:	SUPPORTERS: TOTAL:
TOUR ORGANIZER NAME:	<input type="text"/>	EMAIL:	<input type="text"/>
TOUR ORGANIZER TELEPHONE:	<input type="text"/>	<input type="text"/>	
	(Home)	(Cell Phone)	

NAMES OF TEAM MANAGEMENT

MANAGER:	<input type="text"/>	HEAD COACH:	<input type="text"/>
ASSISTANT COACH:	<input type="text"/>	MEDICAL:	<input type="text"/>

MATCH ITINERARY

Please attach additional pages should further match details be required.

DATE OF MATCH/COMPETITION	NAME OF HOST UNION/CLUB/SCHOOL	VENUE/REGION
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

APPROVAL BY PROVINCIAL UNION

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

APPROVAL BY RUGBY CANADA

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

TOUR ROSTER



NAME OF SCHOOL/UNIVERSITY:

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

Please note that if the touring party is more than 23 players, please submit a separate page along with this document.

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



DECLARATION BY OFFICIALS

Dear Rugby Canada,

Please find attached an application from [redacted] School/University, in respect of a proposed tour to [redacted].

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.

I also acknowledge that my touring team is not covered under Rugby Canada's National Insurance Program and have provided evidence of sufficient insurance for my touring party with my application.

Yours sincerely,

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

I, [redacted] Principal, agree to ensure that all touring participants are aware of the Rugby Canada Terms and Conditions, and their individual responsibility to their School/University and Rugby Canada.

NAME: [redacted] **SIGNATURE:** [redacted]
(Principal)

TEAM OFFICIAL DETAILS



NAME OF SCHOOL/UNIVERSITY:

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
NCCP#:	<input type="text"/>

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
NCCP#:	<input type="text"/>

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
NCCP#:	<input type="text"/>

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
NCCP#:	<input type="text"/>

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
NCCP#:	<input type="text"/>



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).
- 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.
- You will comply with the rules/laws of the host country.
- That a Risk Assessment has been completed.

Insurance

As Rugby Canada's National Insurance Program does not cover your touring party, please include evidence of sufficient insurance. Please provide a copy of your certificate of Insurance/Liability Certificate and travel medical documentation/policy. The School/University must be listed on the policy and/or certificate of Insurance.

It is also recommended that all participants travelling overseas consider Private Health and Travel insurance as required for their individual circumstances.