**APPLICATION FOR SANCTION TO HOST A TOURNAMENT**

**THIS APPLICATION SHOULD BE COMPLETED AND RETURNED TO SINGAPORE RUGBY UNION NOT LESS THAN TWO MONTHS PRIOR TO THE PROPOSED TOURNAMENT.**

|  |  |
| --- | --- |
| **Name of Tournament** |  |
| **Tournament Venue** |  |
| **Name of Host Club/Organization** |  |
| **Tournament Manager** |  |
| **Tel and Mobile No** |  |
| **Email** |  |
| ­­­­­­­­­­­­­­­­­­­­**Proposed Date(s) of Tournament** |  |
| **Type of Tournament (7s, 10s, 15s)** |  |
| **Age group \* Age group banding is 3 years eg; 13 yr old players can play with 15yr old players** |  |
| **Gender** |  |
| **Referee Requirements – please list your requirements:**   1. **Referees only** 2. **Referees & Assistant referees (Quantity of AR’s required)** 3. **Referees & Assistant referees & Sub control** |  |
| **Age grade rugby:**  **Hosts are to use SRU Age Grade guidelines for Law summary. Link below:** https://drive.google.com/drive/folders/1GDe0HReY2o3r9puX6h-sbN0bbFAL\_9Ck  **Amendments: (If any) Please list your request for amendments:** | **Request for Amendments:** |
| **Disciplinary Process  a) Use SRU Disciplinary Process @ $50/hearing**  **b) Has own independent Disciplinary Process that has been approved by SRU (Host will need to show evidence of approval)** |  |
| **Singapore Clubs / Schools / Institutions participating** (All players MUST be registered with the club/school/institution that they are representing and have existing insurance coverage for the duration of the tournament |  |

**Overseas Union Approval**

|  |  |  |  |
| --- | --- | --- | --- |
| **Club** | **Union** | **Copy of insurance** | **Approval (Attach home union approval** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Medical Coverage**

**ICIR – Immediate Care In Rugby**

**FAIR – First Aid In Rugby**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category/Age Groups** | **Team Medical**  **Minimum Standards** | **Pitch side Medical Minimum Standards** | **Ambulance** | **Please Tick (√)** |
| U 12's | FAIR Coach Team or  Team Manager or Teacher | 2 x FAIR Medics | Not Mandatory |  |
| U13's-U19's | 1 FAIR medic | 2 x ICIR L2 Medics | Yes |  |
| **Senior Leagues** |  |  |  |  |
| Vets | 1 Medic FAIR | 2 x ICIR L2 Medics | Yes |  |
| Championship | 1 Medic FAIR | 2 x ICIR L2 Medics | Yes |  |
| Premiership | 1 ICIR L2 Med | 2 x ICIR L2 Medics | Yes |  |
| **National** |  |  |  |  |
| 15's | 1 ICIR L2 Medic | 2 x ICIR L2 Medics | Yes |  |
| 7's | 1 ICIR L2 Medic | 2 x ICIR L2 Medics | Yes |  |
| U13's -U19's | 1 ICIR L2 Medic | 2 x ICIR L2 Medics | Yes |  |
| U 12's | 1 FAIR medic | 2 x FAIR Medics | Yes |  |

**Others:**

**Host Club / School / Institution Signatures**

|  |  |
| --- | --- |
| **Signature of Tournament Manager** |  |
| **Name of Chairman / President / Principal** |  |
| **Signature of Chairman / President / Principal** |  |
| **Date** |  |

***By signing this application, you are agreeing to abide by all best practice policies, rules and regulations and code of conduct, of Singapore Rugby Union in hosting tournaments and by Singapore Rugby Union’s judicial procedures.***

**For Singapore Rugby Union use only**

|  |  |
| --- | --- |
| Approval for the Tournament | Yes/No |
| Name of SRU General Manager or Technical Director |  |
| Signature of SRU General Manager or Technical Director |  |
| Date |  |

Please Email completed form to [competitions@sru.org.sg](mailto:competitions@sru.org.sg) & info@sru.org.sg