



**SOUTH AFRICAN RUGBY
UNION WAIVER APPLICATION
SCORE SHEET**



A joint initiative by SARU and the Chris Burger/Petro Jackson Fund.

Providing coaches, referees, players, and administrators with the knowledge, skills, and leadership abilities to ensure that safety and best practice principles are incorporated into all aspects of contact rugby.

*I, THE UNDERSIGNED (NAME OF APPLICANT) _____,
DO HEREBY FORMALLY APPLY TO SARU FOR "HIGH PERFORMANCE TESTING" CLEARANCE, AS REQUIRED FOR PLAYERS
WHO ARE UNDER THE PRESCRIBED AGE PER THE POSITIONAL STIPULATIONS ON THE "SARU UNDER-AGED POLICY
DOCUMENT" OF DECEMBER 2009.*

*I AM FAMILIAR WITH THE CONTENTS AND RESTRICTIONS SET OUT IN THE "SARU UNDER-AGED POLICY DOCUMENT",
AND UNDERSTAND WHAT IS REQUIRED OF ME AS A PLAYER. I WILL WAIT UPON OFFICIAL WRITTEN CONFIRMATION FROM
SARU OF COMPLIANCE TO THE WAIVER OF RESTRICTIONS CRITERIA BEFORE PARTICIPATING IN ANY TRAINING SESSION
OR MATCH FOR AN INTENDED SENIOR ELITE LEVEL RUGBY SQUAD OR TEAM AS SET OUT IN THIS POLICY OF
DECEMBER 2009.*

**DETAILS OF TESTER AND SARU ACCREDITED HIGH PERFORMANCE TESTING CENTRE
(PRINT CLEARLY):**

Name And Surname Of Tester:

Date Of Testing (dd/mm/yyyy):

Regional Accredited Testing Centre:

Centre Address:

Tel: Cell:

Email: Fax:

PERSONAL DETAILS OF PLAYER (PRINT CLEARLY):

Name And Surname:

Date Of Birth (dd/mm/yyyy): Age:

Known As (Nickname): Email Address:

ID Number:

Address Of Player:

Tel/Cell: Gender: Male / Female

Position(S):

Provincial Union:

I, THE UNDERSIGNED (NAME OF TESTER AND TESTING CENTRE REPRESENTATIVE RESPECTIVELY)

AND

HEREBY CONFIRM

THAT THE TESTING PROTOCOLS HAVE BEEN FOLLOWED AGAINST THE INTERNATIONALLY ACCEPTED STANDARDS AS STIPULATED ON THE BOKSMART WEBSITE, AND THAT THE DATA RECORDED ON THIS SHEET IS A TRUE REFLECTION OF THE RESULTS, REPRESENTS THE CANDIDATE WHOSE NAME APPEARS ON THE SHEET, AND WHO IS CURRENTLY APPLYING FOR WAIVER OF RESTRICTIONS OF THE SARU UNDER-AGED RUGBY REGULATION POLICY.

DATE (dd/mm/yyyy):

Signature of player:

Signature of parent/guardian (where applicable):

Signature of Tester:

Signature of the SARU accredited Centre representative:

Please submit the form together with the necessary completed data to SARU at the following address:

SARU, 5th Floor, SA Sport Science Institute Building, Boundary Road, Newlands, 7700, C/O Dr Wayne Viljoen,

Project Manager: BokSmart

Alternatively fax or email the same to: **086 5720276** or waynev@sarugby.co.za

