



SELECT (INVITATIONAL) TEAM SANCTION REQUEST FORM

As Rugby Canada is working on changing some sanctioning policies, we will absorb the \$75 sanctioning fee for Outbound touring teams (Select Teams only) until the process has been fully integrated into our online forum.

1) Dates of your Tour:

Start Date _____ End Date _____

2) Name (i.e. Team/Club/School/Provincial):

3) Traveling Numbers:

Number of Total Team Staff: _____

Number of Female Staff: _____

Number of Male Staff: _____

Number of Total Athletes: _____

Number of Female Athletes: _____

Number of Male Athletes: _____

***** Disclaimer Message *****

Rugby Canada recommends that all teams operate on a 10:1 Minor to Adult ratio.

4) For a team to be sanctioned the primary contact for the tour must indicate what province they reside in:

British Columbia

Alberta

Saskatchewan

Manitoba

Ontario

Quebec

New Brunswick

Nova Scotia

PEI

Newfoundland

5) Please indicate who the main point of contacts will be on this tour:

- Primary Contact (Traveling)

First & Last Name: _____

Phone Number [Cell]: _____

Email: _____

- Secondary Primary Contact (Traveling)

First & Last Name: _____

Phone Number [Cell]: _____

Email: _____

6) In the event of an emergency who would be the NON-Traveling contact:

First & Last Name: _____

Phone Number [Cell]: _____

Email: _____

7) Roster

Please see separate Roster that needs to be filled out for all athletes and team staff

***** Disclaimer Message *****

Please ensure that **ALL** traveling athletes and team staff provide the non-traveling contact person and traveling manager with:

- Health Care Information
- Emergency Contact Name
- First Name and Last Name
- Phone Number

8) Tour Details

- Where:

Country: _____

City: _____

Address of team's accommodations: _____

- Event Information:

Name: _____

Dates of Tournament/Event: _____

Address of where Event is being held: _____

Type of competition:

Exhibition Game

Tournament

Training Camp/Clinic

9) In the event of an emergency:

- Please provide the local emergency service number for the city you will be traveling to (i.e. 911):

- Charge person

- First & Last Name: _____
- Phone Number (Cell): _____
- Email: _____

- Call person

- First & Last Name: _____
 - Phone Number (Cell): _____
 - Email: _____
-

10) Required Traveling Staff:

- Head Coach (Must hold NCCP certification or equivalent):

Certification #:

Origin of Certification (NCCP/World Rugby)

- Certified Medical Staff Member

Yes

What Level: _____

No

Please identify how you would deal with a medical emergency:

***** Disclaimer Message *****

All people traveling on this tour **MUST** be currently registered and active in the Rugby Canada Membership database. If not currently registered and active in the Rugby Canada database they **WILL NOT** be covered under the Rugby Canada insurance policy and will not be allowed to tour as part of this specific tour request.