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| **Scottish Rugby (2cm)** | **Application for Approval of Match involving a Scratch Team** |

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| **The Match** |
| **Name of Teams:** |  | **(Team 1)** | v. |  | **(Team 2)** |
| **Match Venue:** |  |
| **Date / KO Time:** |  | **(Date of Match)** |  | **(KO Time)** |
| **Occasion:** |  |  |  |  |

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| **The Teams and Team Contacts** |
| Team 1 (Name): |  | Team 2 (Name) |  |
| Team Status: | SRU Member Club or Scratch Team *(delete)* | Team Status: | SRU Member Club or Scratch Team *(delete)* |
| Team Contact |  | Team Contact |  |
| *Name (Print):* |  | *Name (Print):* |  |
| *Email:* |  | *Email:* |  |
| *Telephone:* |  | *Telephone:* |  |

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| **Compliance with the Regulations** |
| On behalf of our club/team I hereby confirm that:1. The Match will be played in accordance with all SRU age banding policies and approved Law variations;
2. Any Scratch Team involved in the Match has taken out the SRU’s *Single Match Personal Accident Team Insurance.* I attach a copy of completed *Proposal Form* (see Insurance section of website for blank Proposal Form); and
3. The organisers of each team and all participants have agreed:
* to be bound by the Regulations and Policies of the SRU and World Rugby in relation to their participation in the Match; and
* that the Scottish Rugby Anti-Doping Rules shall apply in respect of all participants in the Match for a period of 12 months from the date of the Match.
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| Signed on behalf of Team 1: |  | Date: |  |
| Signed on behalf of Team 2: |  | Date: |  |

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| **Applicant’s Details** |
| Name (*print*): |  | Position in Club: |  |
| Email Address: |  | Telephone No. |  |
| Signature: |  | Date of Signature |  |

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| **Approval from the Scottish Rugby Union (*for official use only)*** |
| ***Approval to for the Scratch Match, the details of which are set out above, is hereby granted***. |
| **For and on behalf of the Scottish Rugby Union** :- | Date  |  |
| Name |  | *Union stamp or Seal* |
| Signature |  |

**Application for Approval of Match involving a Scratch Team : Notes on completion of Form**

1. ***The Match*** : Please provide us with:
* The name of the two teamse.g. Portobello RFC 2nd XV v. Civil Service Superstars;
* Where the match is to be played e.g. Cavalry Park, Duddingston Road West, Edinburgh EH15 3QU;
* When the match is to take place e.g. Wednesday 19th August 2015, KO 7pm;
* If there is a special reason for the match e.g. Charity fundraiser to support Murrayfield Injured Players Fund.
1. ***The Teams and Tem Contacts :*** For each of the teams please:
* Indicate if the team is a SRU Member Club or a Scratch Team by deleting one of the options e.g. Portobello RFC would be a *SRU Member Club* and “Civil Service Superstars” would be a *Scratch Team*;
* Provide the name and contact details (email address and a phone number) for each of the teams.
1. ***Compliance with the Regulations*** : An authorised representative from each of the teams must sign the Form to confirm that they and their players will abide by Scottish Rugby and World Rugby Regulations. The Scratch Team must also confirm that they have taken out the SRU’s catastrophic injury insurance cover and provide a copy of the Proposal Form to evidence this(The Proposal Form and further details are available on the Insurance section of our website : *Regulations→Insurance*).
2. ***Applicant’s Details*** : The person applying for permission for the match should provide their details and sign the Form.
3. **Please return the completed form to Graham Ireland (****graham.ireland@sru.org.uk** **) at the Scottish Rugby Union, Edinburgh EH12 5PJ.**