|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Scottish Rugby (2cm)** | **Application for Dual Registration to play in a Second Union** | | | |
|  |  | | | |
| **Player Information** | | | | | |
| Name (*please print*) | |  | Date of Birth |  | |
| Grounds on which Dual Registration is requested *(tick one box)* (1) | | | Full time student | Armed Services | |
| Current Postal Address | |  | Telephone (H)  (M) |  | |
| Email Address | |  | SRU Player Reg. No. |  | |
| Current Union (2) | |  | Name of Current Club |  | |
| Proposed Second National Union (2) | |  | Club in Second Union |  | |
| Address in Second Union | |  | Telephone (H)  (M) |  | |
| Commencement Date | |  | End Date (3) |  | |
| *1. The applicant must be either a Full Time Student or a Full Time member of the armed services.*  *2. The Current Union (e.g. SRU) will remain the player’s Primary Union. The other Union will be the player’s Second Union.*  *3. The Dual Registration can remain in place for a maximum of 12 months. A further application will be required after this.* | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Player Declaration** | | | |
| I, *(insert full name here)* | | | |
| currently residing at | | | |
| declare that I have had the opportunity to read and will abide by the *Regulations in Relation to the Game*, as approved by World Rugby, and that the above information is correct in all particulars. | | | |
| Player’s Signature |  | Date of Signature |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Declaration on behalf of Current Club** | | | |
| The Applicant is in good standing with this Club and has no outstanding obligations to the Club under the terms of any contract/written agreement or any financial debt to the Club which would prevent approval of this application. | | | |
| Name (Print) |  | Position in Club |  |
| Signature |  | Date of Signature |  |
| For and on behalf of: | (*enter name of Club/Body*) | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Declaration on behalf of Current Union and Approval of Request (*for official use only)*** | | | |
| The Applicant is under no playing suspension within the jurisdiction of this Union and approval is hereby given for Dual Registration. | | | |
| **For and on behalf of the Scottish Rugby Union** :- | | Date |  |
| Name |  | *Union stamp or Seal* | |
| Signature |  |

**Please return the completed form to Scottish Rugby by emailing it to: [clearances@sru.org.uk](mailto:clearances@sru.org.uk) .**