



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



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 squad senior elite level rugby squad or team as set out in this policy of December 2009.

PARENT/GUARDIAN CONSENT (IN THE CASE OF MINORS)

I give my express, informed consent for SARU to collect and use and submit the information requested in this form and agree that the information can be forwarded to WORLD RUGBY, and be used by both SARU and WORLD RUGBY for the purposes of monitoring and investigating the causes of catastrophic injuries sustained in Rugby Union, in accordance with the SARU Privacy Policy.

By ticking this box, the parent/guardian consents to the above

Parent/Guardian Name:

Parent/Guardian ID:

Parent/Guardian Signature:

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:		

DETAILS	TEST 1		TEST 2		TEST 3	
ANTHROPOMETRY	Date:		Date:		Date:	
Height (cm)						
Weight (kg)						
SKINFOLDS(mm)						
Bicep						
Tricep						
Subscapula						
Suprailiac						
Abdominal						
cm up leg for thigh measurement						
Thigh						
Calf						
CIRCUMFERENCES (cm)						
Mid thigh						
Calf						
Forearm						
MUSCLE STRENGTH	Wt	Reps	Wt	Reps	Wt	Reps
Bench Press (kg)						
MUSCLE ENDURANCE						
Push ups (60 sec)						
CARDIORESPIRATORY FITNESS	Test 1		Test 2		Test 3	
Multistage shuttle run (shuttles)						

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 HOUSE, 163 Uys Krige Road, Tygerberg Park, Platteklouf, 7500, Cape Town, South Africa
C/O Dr Wayne Viljoen, Project Manager: BokSmart*

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