

PAYMENT OPTIONS

1. Debit Success Payment Plan | Deducted via bank account, either weekly or fortnightly.
 Tour costs must be paid within 4 months of training squad being announced.
 Payments outside of 4 months require approval from CEO of Rugby Union SA.

2. Funds Transfer | Bank account details are

BSB		015-225
Account Number		660-000-073
Reference		* PLAYER NAME *

3. Sponsorship



RUGBY UNION SA STATE TEAM SPONSORSHIP APPLICATION FORM

BUSINESS DETAILS	
Company Name:	
Postal Address:	
Contact:	
Phone:	Mobile:
Email Address:	

PLAYER DETAILS	
NAME OF PLAYER	_____
SPONSORSHIP AMOUNT	_____

PAYMENT (via credit card)	
CARD NAME	_____
CARD NUMBER	_____
EXPIRY	_____

PAYMENT (via funds transfer)	
ACCOUNT NAME	SOUTH AUSTRALIAN RUGBY UNION
BSB	015-225
ACCOUNT NUMBER	660-000-076
REFERENCE	* PLAYER NAME *

TAX INVOICE WILL BE PRINTED FOR BUSINESS RECORDS	RECEIPT WILL BE ISSUED ON FULL PAYMENT
--	--

Please return to Rugby Union SA Accounts at accounts@sarugby.com.au

Additional Grants

Indigenous and Torres Strait Island Players

Financial Assistance for up to \$1,000 http://websites.sportstg.com/get_file.cgi?id=2196379

Grant Assist SA

http://www.grantassist.sa.gov.au/community/program/search?sub_id=61

Australian Institute of Sport

https://www.sportaus.gov.au/grants_and_funding/local_sporting_champions

Council Grants

Adelaide University | City of Norwood Payneham and Pt Peters

https://www.npsp.sa.gov.au/our_community/community_funding_program_grants

Barossa | The Barossa Council

For players up to 25 years of age <https://www.barossa.sa.gov.au/sections/community-cultural-services/grants-funding-assistance/youth-grants>

Brighton | City of Marion

Youth Achievement Grants

<https://www.marion.sa.gov.au/services-we-offer/grants>

Burnside | City of Burnside

<https://www.burnside.sa.gov.au/Community-Recreation/Programs-Services/Burnside-Community-Grants-Program#section-1>

Elizabeth | City of Playford

<http://playford.sa.gov.au/page.aspx?u=1279>

Old Collegians | City of Burnside

<https://www.burnside.sa.gov.au/Community-Recreation/Programs-Services/Burnside-Community-Grants-Program#section-1>

Onkaparinga | City of Onkaparinga

https://www.onkaparingacity.com/onka/council/grants_awards/grants_sponsorship_and_donations/sport_and_active_recreation_donation_program.jsp

Port Adelaide | City of Port Adelaide/ Enfield

<http://www.cityofpae.sa.gov.au/page.aspx?u=2385>

Southern Suburbs | City of Mitcham

<http://www.mitchamcouncil.sa.gov.au/page.aspx?u=1895>

Woodville | City of Charles Sturt

<https://www.charlessturt.sa.gov.au/page.aspx?u=50>

Most councils will provide grants for sporting achievement.
Search for your council, and grants available

PARTICIPATION AGREEMENT | JUNIOR

This document serves as an agreement between the South Australian Rugby Union and the below named player and player's parent/guardian to fulfil the expectations and requirements of the state representative program outlined below.

I, _____ (full name of player) having been selected for the State representative team _____, commit to the training and competition program for this team.

I will honour all financial expectations by paying the required fees within the outlined deadline.

I will attend training sessions and I commit to attending the competition for this team.

I will follow the behavioural expectations laid out by Rugby Union SA for State Representative rugby teams and follow instructions given by the Coaches and Managers of this team as long as they fall within the parameters of these behavioural outlines.

I understand that on signing this document, should I not fulfil any of the above commitments, Rugby Union SA may see fit to revoke my playing privileges at state and club level both in South Australia and interstate until such time as all commitments have been met, or disciplinary action has been taken.

Signed

(Player)

(Player Name)

(Parent/Guardian)

(Parent/Guardian Name)

PARTICIPATION AGREEMENT | SENIOR

This document serves as an agreement between Rugby Union South Australia and the below named player to fulfil the expectations and requirements of the state representative program outlined below.

I, _____ (full name of player) having been selected for the State representative team _____, commit to the training and competition program for this team.

I will honour all financial expectations by paying the required fees within the outlined deadline.

I will attend training sessions and I commit to attending the competition for this team.

I will abide by Rugby Australia's Code of Conduct and follow instructions given by the Coaches and Managers of this team as long as they fall within the parameters of this code.

I understand that on signing this document, should I not fulfil any of the above commitments, that the Rugby Union South Australia may see fit to revoke my playing privileges at state and club level both in South Australia and interstate until such time as all commitments have been met, or disciplinary action has been taken.

Signed

(Player)

(Player Name)

FAMILY AND SPECTATOR EXPECTATIONS

The South Australian Rugby Union appreciate that the majority of tours for the State Representative teams are interstate and that family and other spectators will want to accompany the tour. It is important that as a rugby community we portray the best possible impression, as well as show utmost respect to our coaches and management team and game day officials.

In order to make the logistics of the tour easiest for all involved, please can I ask that all involved adhere to the below regulations.

- Parents/Family/Supporters, may have full access to players during their free time provided the team manager is made fully aware of arrangements in advance.

- During team activities the players are expected to engage completely and exclusively with their teammates, coach and manager. These activities include;
 - Airport Check in
 - Boarding of plane
 - Team Travel
 - Accommodation check-in
 - Warm Up
 - Match time
 - Cool down
 - Recovery
 - Team meetings
 - Meal times
 - Training sessions

- Parents/Visitors are not to enter accommodation/rooms of players or coaching staff. These are private areas for players and there are legal requirements around who is able to enter these areas as there may be more people than just your child residing in the room. This falls within the RUSA Member Protection Policy
<http://sarugby.com.au/wp-content/uploads/2018/01/1.-Member-Protection-Policy-Rugby-Union-SA.pdf>

- As a spectator you are defined as a participant of the game and therefore governed by the Code of Conduct and Expectations of Behaviour guidelines laid out by Rugby Australia.

- Any issues regarding the program are to be addressed firstly with the Team Manager and then with the Pathways Coordinator.

MEDICAL FORM

This form is intended to assist the team in the case of any medical management, treatment required or medical emergency involving a player.

RUSA collects the information contained in this form to provide or arrange first aid and other medical treatments for players. The information collected will be held by the registered medical professionals appointed to supervise the team's health needs.

Information may be made available to external medical or paramedical staff in the case of an accident or emergency.

The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the Privacy Act 1998 (Cwth).

Player's Name: _____

Date of Birth: _____

Parent/Carer: _____

Address: _____

Preferred email address for communication: _____

Contact Telephone Nos –

Business Hours: _____

Mobile: _____

Emergency Contact: _____

Telephone No: _____

Doctor: _____

Telephone No: _____

Medicare No: _____

Private Health Fund: _____ Membership Number _____

Ambulance Fund: _____

NOTE: Players are responsible for ambulance costs

PATHWAYS PROGRAMS 2018



Do you suffer any of the following conditions?

- | | | |
|-------------------------------------|------------------------------|-----------------------------|
| Allergies: | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Anaphylaxis: | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Asthma: | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Bronchitis: | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Nose bleeds | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Diabetes | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Eczema | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Epilepsy | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Fainting | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Hay fever | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Headaches | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Hepatitis A | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Hepatitis B | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| HIV | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Sight/hearing problems | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Sun screen sensitivity | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Heart condition | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Fits blackouts | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Does the player wear glasses | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Does the player wear contact lenses | <input type="checkbox"/> yes | <input type="checkbox"/> no |

PLEASE INCLUDE ANY FOOD ALLERGIES

If you have indicated yes to any condition above, an Emergency Treatment Plan must be provided and signed by your local doctor.

Date of last tetanus injection: _____

PATHWAYS PROGRAMS 2018



Has the player suffered from any acute illness or injury or been treated by a medical practitioner for an illness or injury during the last 4 weeks? yes no

If YES, please state nature of illness/injury. _____

NOTE: A report from your doctor must be attached stating the player is fit to participate.

Has the player suffered any musculo-skeletal injury (e.g. sprain, strain, severe bruising, neck or back pain etc.) that has prevented playing or training this season? yes no

If YES, what was the nature of the injury _____

Has the player suffered serious injury requiring orthopaedic treatment (e.g. bone fracture, joint dislocation or reconstructive surgery) at any time in the past? yes no

If YES, what part of the body was involved and what treatment was given (e.g. surgery, prolonged rest, physio etc) _____

Has the player been concussed this season? yes no

Is the player presently taking any medication? yes no

NOTE: If YES, a MEDICAL PLAN must be completed

The team official in charge must be informed about the management of any medication prior to leaving on the team trip, by completing a MEDICAL PLAN signed by your doctor. Arrangements need to be agreed on the transport, storage and administration of medication. In all cases medication must be labelled with the player's name, dosage and frequency of administration.

Is there any other information which you believe may help us to provide the best possible care? _____

In the case of the player requiring medical treatment or in the case of a medical emergency, I consent to the officials providing first aid or treatment as outlined in an emergency treatment plan and I further authorise the officials, where it is impracticable to communicate with me, to arrange for him/her to receive such medical or surgical treatment as may be deemed necessary.

I also undertake to pay any costs which may be incurred for the medical treatment, ambulance transport and drugs.

Signed

(Player)

(Player Name)

(Guardian)

(Guardian Name)