

**NOTE:** ALL CLUBS APPLYING FOR AFFILIATION TO THE UNION MUST ANNUALLY SUBMIT A FULLY COMPLETED FORM TO THE UNION ON OR BEFORE 31 JANUARY 2012.  
**(Fax to Ronel at 0866 698 228 or e-mail to [ronel@glru.co.za](mailto:ronel@glru.co.za))**

**NAME OF CLUB:** \_\_\_\_\_

### **OFFICIALS**

PORTFOLIO	NAME	ADDRESS	TEL	FAX	CELL	E-MAIL
President						
Chairman						
Vice-Chairman						
Manager/Secretary						
Chairmen's Council Representative						
Other						
Other						

### **TEAMS ENTERED**

FIRST	SECOND	THIRD	FOURTH	U/21 A	U/20 A	U/20 B	U/19 A	WOMEN
SEVENS SENIOR		SEVENS JUNIOR		JUNIOR CLUB				

### **PLAYERS REGISTERED**

PLAYERS	NUMBERS FOR 2009	NUMBERS 2008	REP PLAYERS
Junior Club			
Junior (U/19 - U/21)			
Senior			
Women's			
Sevens			

PLAYING FIELD: \_\_\_\_\_ NUMBER OF FIELDS: \_\_\_\_\_

CLUB PHYSICAL ADDRESS: \_\_\_\_\_

MAINTAINED: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

CHAIRMAN: \_\_\_\_\_ MANAGER: \_\_\_\_\_ DATE: \_\_\_\_\_

## NOTE:

## PLAYERS MUST BE REGISTERED ON THE PRP SYSTEM:

- **COMPLETED FORMS MUST BE KEPT BY THE CLUB MANAGER / SECRETARY**
- ON REQUEST, THE UNION MAY ASK CLUBS TO SUBMIT REGISTRATION FORMS AND COPY OF ID'S TO THE UNION BEFORE PLAYERS WILL BE ALLOWED TO PLAY FOR CLUBS  
(Fax to Ronel at 0866 698 228 or e-mail to [ronel@glru.co.za](mailto:ronel@glru.co.za))

NAME OF CLUB WHERE APPLICATION IS LODGED: \_\_\_\_\_

**PLAYER PARTICULARS**

SURNAME: \_\_\_\_\_ INITIALS: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_POSTAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TEL (W): \_\_\_\_\_ (H): \_\_\_\_\_ (FAX): \_\_\_\_\_

E-MAIL: \_\_\_\_\_

MALE

☐

FEMALE

☐

RACE:

BLACK

COLOURED

INDIAN

WHITE

OTHER

**REGISTRATION DETAILS**

FIRST REGISTRATION:

YES

NO

HAVE YOU BEEN REGISTERED WITH ANY OTHER UNION?

YES

NO

IF YES, WHICH UNION? \_\_\_\_\_

HAVE YOU BEEN REGISTERED WITH ANY OTHER **GLRU** CLUB?

YES

NO

IF YES, WHICH CLUB? \_\_\_\_\_

**POSITION/S PLAYED (PLEASE UNDERLINE)**

15 FULL BACK	11 LEFT WING	7 RIGHT FLANKER	3 TIGHT HEAD PROP
14 RIGHT WING	10 FLY HALF	6 LEFT FLANKER	2 HOOKER
13 RIGHT CENTRE	9 SCRUM HALF	5 RIGHT LOCK	1 LOOSE HEAD PROP
12 LEFT CENTRE	8 NUMBER EIGHT	4 LEFT LOCK	

SIGNATURE PLAYER: \_\_\_\_\_

SIGNATURE CLUB MANAGER / SECRETARY: \_\_\_\_\_

DATE REGISTERED BY CLUB: \_\_\_\_\_

DATE REGISTERED BY UNION: \_\_\_\_\_

**NOTE: CURRENT CLUB PLAYERS MUST BE TRANSFERED ON THE PRP SYSTEM**

THE TRANSFER OF PLAYERS AFTER THE END OF FEBRUARY FROM ONE CLUB TO ANOTHER CLUB IS SUBJECT TO A MORATORIUM OF **SIX (6) FIRST TEAM LEAGUE MATCHES**. PLAYERS MAY ONLY PLAY FOR NEW CLUBS ONCE APPLICATIONS HAVE BEEN APPROVED BY THE UNION

(Fax to Ronel at 0866 698 228 or e-mail to [ronel@glru.co.za](mailto:ronel@glru.co.za))

**PLAYER PARTICULARS**

SURNAME: \_\_\_\_\_ INITIALS: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

TEL (W): \_\_\_\_\_ (H): \_\_\_\_\_ (FAX): \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**REQUEST**

I HEREBY APPLY FOR TRANSFER **FROM** THE \_\_\_\_\_

RUGBY CLUB **TO** THE \_\_\_\_\_ RUGBY CLUB FOR THE FOLLOWING REASONS

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**CONSENT BY BOTH CLUBS**

THIS IS THE CERTIFY THAT MR \_\_\_\_\_

HAS DISCHARGED ALL HIS LIABILITIES TO THIS CLUB.

CHAIRMAN (**FROM CLUB TRANSFERRED**): \_\_\_\_\_ CLUB: \_\_\_\_\_ DATE: \_\_\_\_\_

CHAIRMAN (**TO CLUB TRANSFERRED**): \_\_\_\_\_ CLUB: \_\_\_\_\_ DATE: \_\_\_\_\_

**APPROVED**

EXECUTIVE COMMITTEE MEMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

CHIEF EXECUTIVE OFFICER: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTE:** **COMPLETED FORMS AND A COPY OF ID DOC. MUST BE SUBMITTED TO THE UNION ON OR BEFORE 31 JANUARY 2012.**  
(Fax to Ronel at 0866 698 228 or e-mail to [ronel@glru.co.za](mailto:ronel@glru.co.za))

**NAME OF TEAM:** \_\_\_\_\_

**MANAGER'S PARTICULARS**

NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_

TEL NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_

CELL NO: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

I.D. NO: \_\_\_\_\_ MARRIED: YES / NO

VAT NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**BANK DETAILS**

BANK: \_\_\_\_\_

BRANCH: \_\_\_\_\_

BRANCH CODE: \_\_\_\_\_

ACCOUNT TYPE: \_\_\_\_\_

ACCOUNT NO: \_\_\_\_\_

**TAX DETAILS**

TAX NUMBER: \_\_\_\_\_

TAX OFFICE: \_\_\_\_\_

I HEREBY ACCEPT THE TERMS AND CONDITIONS OF THIS POSITION AS DETERMINED BY GLRU.

CHAIRMAN: \_\_\_\_\_

CLUB MANAGER: \_\_\_\_\_

DATE: \_\_\_\_\_

**NOTE:** **COMPLETED FORMS WITH COACHES DETAIL (FORM C6/0), COPY OF ID DOC. AND CERTIFICATES OF COACHES MUST BE SUBMITTED TO THE UNION ON OR BEFORE 31 JANUARY 2012.**  
(Fax to Ronel at 0866 698 228 or e-mail to [ronel@glru.co.za](mailto:ronel@glru.co.za))

**NAME OF TEAM:** \_\_\_\_\_

**COACH PARTICULARS**

TEAM	NAME	COURSE	TEL	SIGNATURE
Under 19 A				
Under 20				
Under 21 A				
Third				
Second				
First				
Women's				
Sevens				
Other				
Other				

**CHAIRMAN:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**GLRU CLUBS****COACHES FOR 2012**

**NOTE:** *COMPLETED FORMS MUST BE SUBMITTED TO THE UNION. COPIES OF COACHING QUALIFICATION AND A COPY OF ID DOC. MUST ACCOMPANY THIS FORM ON OR BEFORE 31 JANUARY 2012.*

(Fax to Ronel at 0866 698 228 or e-mail to [ronel@glru.co.za](mailto:ronel@glru.co.za))

**NAME OF TEAM:** \_\_\_\_\_

**COACH PARTICULARS**

NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_

TEL NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_

CELL NO: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

I.D. NO: \_\_\_\_\_ COACHING QUALIFICATION: \_\_\_\_\_

MARRIED: YES / NO VAT NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EXPERIENCE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**BANK DETAILS**

BANK: \_\_\_\_\_

BRANCH: \_\_\_\_\_

BRANCH CODE: \_\_\_\_\_

ACCOUNT TYPE: \_\_\_\_\_

ACCOUNT NO: \_\_\_\_\_

**TAX DETAILS**

TAX NUMBER: \_\_\_\_\_

TAX OFFICE: \_\_\_\_\_

CHAIRMAN: \_\_\_\_\_ CLUB MANAGER: \_\_\_\_\_

## GLRU CLUBS

## TEAM SHEET

Form/Vorm: C7/0

**NOTE:** MANAGERS / SECRETARIES **MUST** SUBMIT COMPLETED FORMS TO THE GLRU AT LEAST 24 HOURS BEFORE ALL MATCHES. DESIGNATED GROUP PLAYERS **MUST** BE INDICATED BY MARKING WITH  
**(Fax or e-mail to Ronel at fax 0866 698 228 or e-mail to [ronel@glru.co.za](mailto:ronel@glru.co.za)).**

FROM: \_\_\_\_\_ CLUB: \_\_\_\_\_

MATCH DATE: \_\_\_\_\_ VENUE: \_\_\_\_\_

HOME TEAM: \_\_\_\_\_ VISITORS: \_\_\_\_\_

ARRANGEMENTS CONFIRMED: MANAGER OF OPPONENTS: \_\_\_\_\_ REFEREE: \_\_\_\_\_ FIRST AID: \_\_\_\_\_

NO	POSITION	UNDER 19	UNDER 20/21	FOURTH	THIRD	SECOND	FIRST
15	Full Back						
14	Right Wing						
13	Right Centre						
12	Left Centre						
11	Left Wing						
10	Fly Half						
9	Scrum Half						
8	Number Eight						
7	Right Flanker						
6	Left Flanker						
5	Right Lock						
4	Left Lock						
3	Tight Head Prop						
2	Hooker						
1	Loose Head Prop						
16	Hooker						
17	Prop						
18	Utility Forward						
19	Utility Forward						
20	Scrumhalf						
21	Utility Back						
22	Utility Back						
	Coach						
	Manager						

**NOTE: THE 1<sup>ST</sup> TEAM MATCH RESULTS AND POINT SCORERS MUST BE SUBMITTED ON THE PRP SYSTEM**

THIS FORM MUST BE SUBMITTED BY ALL MANAGERS BY NOT LATER THAN 10:00 ON THE FIRST WORKING DAY AFTER THE GAMES. APPOINTED REFEREES MUST SIGN DIRECTLY AFTER MATCHES.  
**(Fax to Ronel at 0866 698 228 or e-mail to [ronel@glru.co.za](mailto:ronel@glru.co.za))**

**FROM:** \_\_\_\_\_ **TEAM:** \_\_\_\_\_

**DATE OF MATCH:** \_\_\_\_\_ **VENUE:** \_\_\_\_\_

**HOME TEAM:** \_\_\_\_\_ **VISITORS:** \_\_\_\_\_

### RESULTS

	HOME TEAM	VISITORS	REFEREE	
Women's	<div>No of tries _____</div>	<div>No of tries _____</div>	<div>Name</div>	<div>Signature</div>
Under 19	<div>No of tries _____</div>	<div>No of tries _____</div>	<div>Name</div>	<div>Signature</div>
Under 20	<div>No of tries _____</div>	<div>No of tries _____</div>	<div>Name</div>	<div>Signature</div>
Under 21	<div>No of tries _____</div>	<div>No of tries _____</div>	<div>Name</div>	<div>Signature</div>
Third	<div>No of tries _____</div>	<div>No of tries _____</div>	<div>Name</div>	<div>Signature</div>
Second	<div>No of tries _____</div>	<div>No of tries _____</div>	<div>Name</div>	<div>Signature</div>
First	<div>No of tries _____</div>	<div>No of tries _____</div>	<div>Name</div>	<div>Signature</div>

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE OF REPORT**



**NOTE:** THIS FORM MUST BE SUBMITTED BY THE TEAM MANAGER AT A SPECIFIC VENUE NOT LATER THAN 10:00 ON THE FIRST WORKING DAY AFTER THE MATCHES.

(Fax to Ronel at 0866 698 228 or e-mail to [ronel@glru.co.za](mailto:ronel@glru.co.za))

**DATE OF MATCHES:** \_\_\_\_\_ **VENUE:** \_\_\_\_\_

**HOME TEAM:** \_\_\_\_\_ **VISITING TEAM:** \_\_\_\_\_

**FIRST AIDER PARTICULARS**

FIELD A		FIELD B	
NAME:		NAME:	
NAME:		NAME:	
NAME:		NAME:	
NAME:		NAME:	

**TIMES**

FIELD A		FIELD B	
Number of matches:		Number of matches:	
Start of first match:		Start of first match:	
End of last match:		End of last match:	

<b>AMBULANCE</b> AVAILABLE AT FIELD?	Yes	No
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**MEDICAL SUPPLIES USED:** \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

**FOR OFFICE USE:**

Number of first aiders:	
Number of hours:	
R _____ per hour:	R
Hiring of ambulance:	R
Medical supplies:	R
<b>Grand total:</b>	<b>R</b>

SIGNATURE OF FIRST AIDER: \_\_\_\_\_

SIGNATURE OF TEAM MANAGER: \_\_\_\_\_

Fax to Ronel at 0866 698 228 or e-mail to [ronel@glru.co.za](mailto:ronel@glru.co.za)  
**BEFORE 31 OCTOBER 2012**

1. Provincial Union: **GOLDEN LIONS RUGBY UNION**
2. Club Name: \_\_\_\_\_
3. Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_
4. Is your club situated in a Rural or Urban Area: \_\_\_\_\_
5. Municipal Area: \_\_\_\_\_
6. Total Number of all Club Members(players and supporters): \_\_\_\_\_
7. Total Number of Players that is playing for your club in **2011**:

Junior Club Players (U9 – U/18)	Junior Players (U/19 – U/21)	Senior Players	Women Players

8. Demographic Dimension

	Black	Coloured	Asian	White
Number all club members				
Number of rugby playing members				
Number of 1 <sup>st</sup> team players				
Number of 2 <sup>nd</sup> & 3 <sup>rd</sup> team players				
Number of U/21 team players				
Number of U/20 team players				
Number of U/19 team players				
Rugby Club Executive Committee				
Rugby Club Selection Committee				

9. Number of rugby fields: \_\_\_\_\_
10. Number of change rooms: \_\_\_\_\_
11. Total Income (R): \_\_\_\_\_
12. Income Excess or (Shortfall) over Expenditure (R): \_\_\_\_\_
13. External Sponsorship Received (R): \_\_\_\_\_
14. Grants Received from Province (R): \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

**GLRU CLUBS****INJURY REPORT**

To be completed by first aiders for players leaving the field of play due to an injury.  
To be submitted on the first working day after the match to Dr Leuenberger at the GLRU.

**PERSONAL DATA**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Phone No: \_\_\_\_\_

Playing Position: \_\_\_\_\_ Club/Team: \_\_\_\_\_

Match: \_\_\_\_\_ Match Date: \_\_\_\_\_

Coach: \_\_\_\_\_ Referee: \_\_\_\_\_

Weather Conditions: \_\_\_\_\_

**INJURY DATA** (*mark with ✓*)**Site of Injury****Head & Neck**

Face		Nose		Eye		Ear	
Neck		Head		Mouth		Jaw	

**Upper Limb**

Shoulder		Elbow		Wrist		Finger	
Upper arm		Forearm		Hand			

**Lower Limb**

Pelvis		Hip		Knee		Foot	
Thigh		Calf		Ankle			

**Trunk**

Ribs		Sternum		Collarbone		Upper back	
Lower back		Groin		Buttock		Internal inj.	

**Mechanism of Injury**

Tackled	Tackling	Scrum	Ruck/Maul	Lineout	Foul	Other(specify)

**Type of Injury**

Concussion	Muscle	Ligament	Fracture	Laceration	Bruising

**TREATMENT**

Was the patient transported to hospital? Y / N      Which hospital? \_\_\_\_\_

**Comment:**

\_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Time for test: 90 seconds

NAME: \_\_\_\_\_ CLUB/SCHOOL: \_\_\_\_\_

PHONE NO: \_\_\_\_\_ DATE: \_\_\_\_\_

Digit Symbol	1	2	3	4	5	6	7	8	9	Score
	⌋	⌑	⌋	⌑	⌑	⌑	⌑	⌑	=	

Samples																								
2	1	3	7	2	4	8	2	1	3	2	1	4	2	3	5	2	3	1	4	5	6	3	1	4
⊥	␣	⌋	⌞	⊥	⌊	×																		

1	5	4	2	7	6	3	5	7	2	8	5	4	6	3	7	2	8	1	9	5	8	4	7	3

6	2	5	1	9	2	8	3	7	4	6	5	9	4	8	3	7	2	6	1	5	4	6	3	7

9	2	8	1	7	9	4	6	8	5	9	7	1	8	5	2	9	4	8	6	3	7	9	8	6

Number correct in 90 seconds: