



# NSWRL EVENT SANCTIONING APPLICATION

**Applications must be submitted for sanctioning approval to NSWRL 30 days prior to the event.**

Please refer to Policy 1.13 of the NSWRL Community Rugby League Policies & Procedures Manual before completing this application.

<https://www.nswrl.com.au/about/documents/community/>

## EVENT DETAILS

1. **Event Name** \_\_\_\_\_

2. **Event Category & Estimated Number of Teams**

- |                                       |                          |                                 |
|---------------------------------------|--------------------------|---------------------------------|
| a. Open Men's (19+)                   | <input type="checkbox"/> | Estimated number of teams _____ |
| b. Open Women's (17+)                 | <input type="checkbox"/> | Estimated number of teams _____ |
| c. Junior International Boys (13-18)  | <input type="checkbox"/> | Estimated number of teams _____ |
| d. Junior International Girls (13-17) | <input type="checkbox"/> | Estimated number of teams _____ |
| e. Junior Football (10-12 years)      | <input type="checkbox"/> | Estimated number of teams _____ |
| f. Junior Football (6-9 years)        | <input type="checkbox"/> | Estimated number of teams _____ |

**\* Please Note: no event will be sanctioned where prizemoney is offered to participating teams under the age of 18**

3. **Event type**

- a. 13 a side     b. 9s     c. 7s     d. Other \_\_\_\_\_

4. **Event duration and Event dates**

- |                                  |                          |  |
|----------------------------------|--------------------------|--|
| a. One off match only            | <input type="checkbox"/> | Date ____/____/____  |
| b. Multiple matches / single day | <input type="checkbox"/> | Date ____/____/____  |
| c. Multi day tournament          | <input type="checkbox"/> | Number of days _____<br>Start Date ____/____/____<br>End Date ____/____/____ |

## EVENT HOST DETAILS

### 5. HOSTING CLUB

Name of the Hosting Club \_\_\_\_\_

### 6. Contacts for Hosting Club

Contact 1 Name \_\_\_\_\_

Position \_\_\_\_\_

Phone (wk) \_\_\_\_\_ Phone (mobile) \_\_\_\_\_

Email \_\_\_\_\_

Contact 2 Name \_\_\_\_\_

Position \_\_\_\_\_

Phone (wk) \_\_\_\_\_ Phone (mobile) \_\_\_\_\_

Email \_\_\_\_\_

### 7. The Hosting Club is

a. An affiliated Junior Rugby League Club or League

b. Other Legal Entity

For **B** only, please attach a current Certificate of Registration / Incorporation

Copy attached

### 8. The Hosting Club has a valid Certificate of Currency providing a minimum \$20million Public Liability insurance appropriate to the Event that it is conducting.

Yes  No

Please attach a copy of your Certificate of Currency.

Copy attached

*Note: If the Hosting Club is an affiliated Junior Rugby League Club insured under the NSWRL or CRLA Insurance Plan, Public Liability insurance is included in your cover.*

## PRIMARY VENUE

### 9. Primary Venue

Field / Oval Name \_\_\_\_\_

Street Address \_\_\_\_\_

Additional Venue(s)

Field / Oval Name \_\_\_\_\_

Street Address \_\_\_\_\_

If there are further additional venues, please list these separately as an attachment.

### 10. The venue(s) will be safe and suitable for the event being conducted Yes No Including:

- a. Adequately prepared playing area, including line markings and field dressing (goal post pads, corner posts etc)
- b. A playing enclosure clearly fenced or roped off with a perimeter not less than 5 metres (where applicable)
- c. A playing surface clear of obstacles and safe for matches and training
- d. Adequate facilities including change rooms, showers and toilet facilities to cater for participating teams, officials and spectators
- e. Emergency vehicle access for Ambulance
- f. Lighting standards adequate for conducting night matches (if applicable)

## MEDICAL AND SAFETY REQUIREMENTS

### 11. The Hosting Club will ensure all medical and safety requirements will be met including: Yes No

- a. COVID Safety measures in line with Current Public Health Orders
- b. Coaches have a qualification relevant to the team that they are coaching in the event
- c. Qualified and accredited Sports Trainers in attendance (as per the NRL On Field Policy)
- d. Onsite provision of first aid room, tent or similar
- e. Provision of a stocked First Aid Kit
- f. Ice for injuries is on hand
- g. Stretcher is available for use by trained personnel
- h. Emergency contact list is available
- i. Telephone for use in emergency

12. Each team is supplying Accredited Sports Trainer personnel Yes  No

13. The organisation providing additional medical support is:

Organisation Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Position \_\_\_\_\_

Phone (wk) \_\_\_\_\_ Phone (mobile) \_\_\_\_\_

Email \_\_\_\_\_

14. The local Ambulance Service has been advised of the event dates and venues:

Yes  No

The name and the location of this service is listed below:

Name \_\_\_\_\_

Location \_\_\_\_\_

## TOURNAMENT RULES

15. The Hosting Body will ensure that the following requirements are adhered to:

- a. Laws of the game \*
- b. Compliance with all NSWRL and relevant Policies & Procedures
- c. Registration of participants on MySideline and teams
- d. Rules (including draw, points, ladders, forfeits, postponed / abandoned matches, dispute resolution etc) with copy provided to the governing League
- e. Judicial procedures included in the rules
- f. No prize money will be offered for competitions involving teams under the age of 18
- g. The use of the NSWRL logo is not to be used in the promotion / or otherwise, of the event without the express approval of the NSWRL

\* Please provide a copy of any proposed amendments to the Laws of the Game under which the games will be played.

## JUDICIAL PROCEDURES

16. All matches must have appropriate judiciary procedures in place for dealing with the following disciplinary matters (Model Disciplinary Procedures are available from NSWRL):

- a. When a player is sent from the field
- b. When a player is cited for illegal or foul play
- c. When there is a breach of the NRL National Code of Conduct rules

## TEAM NOMINATION

**17. All participating teams shall complete and submit a Team Nomination Form to the Host Body prior to participating in the event including the following information:**

- a. Team name
- b. Participant details (first name, surname, date of birth, registered Rugby League player in the same calendar year as the Event (yes / no)) \*
- c. Coach (first name, surname and date of birth)
- d. Sports Trainer (first name, surname, date of birth and level of accreditation)
- e. District / League / State where competing team originates from

\* For insurance and qualification purposes it is a requirement that all players are properly registered on MySideline with an NSW Rugby League Affiliated Club (or an affiliated State League). If the event involves players who are not registered with a NSWRL or State League affiliate body, separate insurance will need to be taken out. Please contact a member of the NSWRL Community Football Department for insurance cover for non-registered or uninsured players.

A NSWRL Team Nomination Form Template is attached to this application as Appendix 1.

**18. If any of the participating teams are not from a NSWRL Affiliation Competition, a copy of an approved NRL Application to Travel / Tour must be provided to the NSWRL Community Football Unit prior to the team's participation in this event.**

**Any team that is competing from a non NSWRL Affiliated area (i.e. QRL / Affiliated State / International) has written confirmation from their respective insurance advisors their respective Public Liability, Professional Indemnity and Sports Injury / Personal Accident insurance responds to claims arising from their participation in this sanctioned event.**

**19. A NSWRL Sanctioned Event Team Nomination Form is required to be submitted to the NSWRL Community Football Unit on the Wednesday prior to the event date.**

A NSWRL Sanctioned Event Team Nomination Form is attached to this application as Appendix 2.

## REFEREES

**18. All Referees used throughout the event will be suitably qualified for the age and standard of the matches that they are appointed to:**

Yes  No

**19. Referees will be appointed by the following Referees Association:**

Referee Association \_\_\_\_\_

Contact Name \_\_\_\_\_

Position \_\_\_\_\_

Phone (wk) \_\_\_\_\_ Phone (mobile) \_\_\_\_\_

Email \_\_\_\_\_

## HOSTING CLUB SIGN OFF

**The person listed below is the authorised signatory of the Hosting Club and warrants that all details within this application are true and correct.**

Contact Name \_\_\_\_\_

Position \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

## LEAGUE / DISTRICT APPROVAL

**The League / District that the Hosting Club is affiliated to has approved the event with details as listed in this application.**

League / District \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

## NSWRL APPROVAL

**For intra District events, NSWRL approval is not required. Sanctioning approval is provided on the basis of the information provided within this application being true and correct, special event insurance has been arranged and all events, tournaments and matches will be conducted in accordance with the regulations of the NSWRL and the Policies of the NSWRL and the NRL.**

Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

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## APPLICATION LODGEMENT

**The Host Body is to forward the completed Event Sanctioning Application Form together with all relevant attachments to your League or District Administrator for approval. They will then submit the District Approved Application via the relevant NSWRL League and Club Support Coordinator copying in the following address:**

NSWRL Football Department  
PO Box 584, Sydney Markets NSW 2129  
E: [communityrl@nswrl.com.au](mailto:communityrl@nswrl.com.au)



# NSWRL

## SANCTIONED EVENT NOMINATION FORM

<b>HOSTING CLUB:</b>	
<b>TEAM NAME:</b>	
<b>DISTRICT / GROUP / LEAGUE:</b>	<b>STATE / COUNTRY:</b>

NO	NAME	DATE OF BIRTH	CLUB	NRL ID
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				

NO	NAME	D.O.B.	ACCREDITATION	NRL ID
COACH				
MANAGER				
SPORTS TRAINER				
SPORTS TRAINER				

# NSWRL

## SANCTIONED EVENT TEAM NOMINATION FORM



<b>HOSTING CLUB:</b>	
<b>EVENT NAME:</b>	
<b>DATE:</b>	<b>VENUE:</b>

	TEAM NAME	TEAMS ORIGINATES FROM			
		NSWRL	QRL	OTHER AFFILIATED STATE	INTERNATIONAL
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

THIS FORM MUST BE SUBMITTED TO THE NSWRL COMMUNITY FOOTBALL UNIT ON THE WEDNESDAY PRIOR TO THE SANCTIONED EVENT. IF MORE THAN 14 TEAMS ARE COMPETING IN THE EVENT PLEASE USE EXTRA FORMS AND PLEASE ENSURE THAT ALL FORMS ARE SUBMITTED TOGETHER.

**PLEASE SEND ALL COMPLETED FORMS TO [communityrl@nswrl.com.au](mailto:communityrl@nswrl.com.au).**