

APPLICATION TO TRIAL FORM



Application must be submitted to the Local League Administrator (LLA) by the host club a minimum 2 weeks prior to trial date.

As outlined in the 2023 NSWRL Policies and Procedures:

Please remember:

1. Adherence NRL On Field Policy with active accredited Sports Trainers is compulsory
https://www.playrugbyleague.com/media/3098/nrl_on-field-policy_p005_v31_05_02_20192.pdf
2. Adherence to NRL Guidelines for Management of Concussion in Rugby League Policy and associated NSWRL Policies is compulsory
3. Referee/s officiating the match or matches must be accredited and registered for the current season;
4. In the event of a on field or off field incidents of misconduct, reports must be completed and disciplinary processes followed as per NSWRL policy
5. All players must be registered
6. Team sheets are to be completed including all participating players names, coaches names and Sports Trainers. Copies of teams sheets are to be lodged with the Local League administrator before midday on the first business day after the match.
7. Ensure your ground management personnel are across the Heat Guidelines https://www.playrugbyleague.com/media/1936/heat-guidelines_with-changes1.pdf
8. Official sign on sheets should be used for all trial matches. The team manager should prepare and retain a list of everyone that played in the trial (and their previous club, irrespective if the club is in or out of the trial teams District or Region).

Name of Your Club: _____

Name of Opposing Club: _____

Game Schedule for the trial is as follows:

Date of trial: _____/_____/_____

Venue: _____

Approximate number of Players and Officials:

(a)	Players	()
(b)	Coaching Staff	()
(c)	Managers	()
(d)	First Aid/Level 1 or Level 2 Trainers	()
(e)	Leaguesafe	()

OFFICE USE ONLY FOR

Your Local League Administrator:

Name: _____ Signature: _____

Regional NSWRL Administrator:

Name: _____ Signature: _____

Your Opposing League Administrator:

Name: _____ Signature: _____

The Local Referee Association:

Name: _____ Signature: _____

NSWRL

SANCTIONED EVENT NOMINATION FORM

HOSTING CLUB:			
TEAM NAME:			
DISTRICT / GROUP / LEAGUE:			STATE / COUNTRY:

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				
SPORTS TRAINER				