



USA RUGBY

USA RUGBY 7s EVENT ROSTER FORM

Club Name _____

Date _____ Tournament _____

# # on field	PLAYER NAME Alphabetical by last name; indicate captain by placing a (c) by name	MEMBERSHIP/CIPP # Must be current & affiliated	U.S. CITIZEN? Yes or no; proven by passport or birth certificate	ADMIN Official use only

INJURY REPLACEMENT*

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*Your injury replacement player ("13th player") must be nominated at check-in and prior to your team participating in its first match. In order for this player to participate, you must have one of your 12 player roster members ruled medically unable to continue by on-site medical personnel selected by the tournament. If/when your injury replacement player ("13th player") enters the tournament, the player he/she replaces will not be allowed to return to participating in the event. Teams may not have more than 3 non-citizens on their roster at any point in time. If the injury replacement player is a non-citizen, they may only replace an injured non-citizen.

STAFF AND TECHNICAL ZONE ROSTER

IN TZ? Yes/No	STAFF NAME	MEMBERSHIP/CIPP # Must be current & affiliated*	STAFF ROLE Coach, Admin, Medical

*Medical personnel do not need to be a registered member of USA Rugby, but coaches and administrators do. Coaches and admins should also be current & affiliated to the club participating. Coaches and administrators may have dual roles, so if they are not on your roster please contact the USA Rugby Membership Dept. (303-539-0300; membership@usarugby.org) to ensure they are affiliated to your club.

_____ Team Representative _____ Union/CR Representative



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Club Name _____

Date _____ Tournament _____

Coach/Manager (Printed) _____

Club Contact (Printed) _____

Phone _____ E-mail _____

As the **Club Representative**, I verify that I have checked the eligibility of my players and staff and that each of them is in compliance with the regulations as set forth by my Local Area Union, my Geographic/Territorial Union, and USA Rugby. I understand that if I am found to be in violation of those regulations my team and myself will be subject to strict disciplinary sanctions that may include fines, suspension, and forfeiture of matches. I have also attached my initials as verification of this statement on the bottom of Page 1 of this document.

Name (Print)	Position (Coach, Captain, Etc.)	Signature	Date
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As the **Union/Competitive Region (CR) Representative**, I verify that I have checked the eligibility of all the players and staff on this team and that each of them is in compliance with the regulations as set forth by its Local Area Union, the Geographic/Territorial Union, and USA Rugby. I am also in understanding that if any member of this team is found to be in violation of those regulations the team, the union, and myself are subject to disciplinary sanctions that may include fines, suspension, and forfeiture of matches, or loss of seeds for future competitions. I have also attached my initials as verification of this statement on the bottom of Page 1 of this document.

Name (Print)	Office (i.e. President, Competition Manager)	Signature	Date
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[PRINTED COPY OF CLUB'S CURRENT MEMBERSHIP ROSTER ON USARUGBY.ORG TO BE ATTACHED TO THIS DOCUMENT (NEXT PAGE); CLUB TO PROVIDE THIS, NOT TOURNAMENT]