



**SOUTH AFRICAN RUGBY  
UNION WAIVER  
APPLICATION SCORE  
SHEET**



I, THE UNDERSIGNED (NAME OF APPLICANT)  
\_\_\_\_\_, DO HEREBY FORMALLY APPLY  
TO SARU FOR "HIGH PERFORMANCE TESTING" CLEARANCE, AS  
REQUIRED FOR PLAYERS WHO ARE UNDER THE PRESCRIBED AGE  
PER THE POSITIONAL STIPULATIONS ON THE "SARU UNDER-AGED  
POLICY DOCUMENT" OF DECEMBER 2009.

I AM FAMILIAR WITH THE CONTENTS AND RESTRICTIONS SET OUT  
IN THE "SARU UNDER-AGED POLICY DOCUMENT", AND  
UNDERSTAND WHAT IS REQUIRED OF ME AS A PLAYER. I WILL WAIT  
UPON OFFICIAL WRITTEN CONFIRMATION FROM SARU OF  
COMPLIANCE TO THE WAIVER OF RESTRICTIONS CRITERIA BEFORE  
PARTICIPATING IN ANY TRAINING SESSION OR MATCH FOR AN  
INTENDED SQUAD SENIOR ELITE LEVEL RUGBY SQUAD OR TEAM AS  
SET OUT IN THIS POLICY OF DECEMBER 2009.

**DETAILS OF TESTER AND SARU ACCREDITED HIGH PERFORMANCE TESTING CENTRE (PRINT CLEARLY)**

NAME AND SURNAME OF TESTER:	
DATE OF TESTING. (dd/mm/yyyy)	
REGIONAL ACCREDITED TESTING CENTRE:	
CENTRE ADDRESS:	
TEL:	CELL:
EMAIL:	FAX:

**PERSONAL DETAILS OF PLAYER (PRINT CLEARLY)**

NAME AND SURNAME:	Date of birth (dd/mm/yyyy)	Age:
KNOWN AS (NICKNAME):	Email Address:	
ID Number:		
ADDRESS OF PLAYER:	TEL/CELL:	
GENDER: MALE / FEMALE	POSITION(S):	
PROVINCIAL UNION:		

<b>DETAILS</b>	<b>TEST 1</b>		<b>TEST 2</b>		<b>TEST 3</b>	
<b>ANTHROPOMETRY</b>	Date:		Date:		Date:	
Height (cm)						
Weight (kg)						
<b>SKINFOLDS(mm)</b>						
Bicep						
Tricep						
Subscapula						
Suprailiac						
Abdominal						
cm up leg for thigh measurement						
Thigh						
Calf						
<b>CIRCUMFERENCES (cm)</b>						
Mid thigh						
Calf						
Forearm						
<b>MUSCLE STRENGTH</b>	Wt	Reps	Wt	Reps	Wt	Reps
Bench Press (kg)						
<b>MUSCLE ENDURANCE</b>						
Push ups (60 sec)						
<b>CARDIORESPIRATORY FITNESS</b>	Test 1		Test 2		Test 3	
Multistage shuttle run (shuttles)						



<b>DATE (dd/mm/yyyy)</b>	
Signature of player	
Signature of parent/guardian (where applicable)	
Signature of Tester	
Signature of the SARU accredited Centre representative	

Please submit the form together with the necessary completed data to SARU at the following address:

*SARU HOUSE, 163 Uys Krige Road, Tygerberg Park, Platteklouf, 7500, Cape Town, South Africa  
C/O Dr Wayne Viljoen, Project Manager: BokSmart*

Alternatively fax or email the same to: 086 5720276 or [waynev@sarugby.co.za](mailto:waynev@sarugby.co.za)