**RFL TEAM SHEET – BUCS**

* *The* ***home team*** *shall be responsible for supplying a hard copy of the RFL Team Sheet for completion.*
* ***Prior to the match commencing****, the full names (first name and last name, no initials) of all players and staff shall be recorded and the sheet shall be signed by a recognised official from each team and the referee.*
* ***Immediately following the match****, the referee and recognised team officials shall complete the rest of the sheet in full.*
* ***Suspected Concussion*** *- If anyone is showing any sign or symptom of concussion, they* ***must*** *be removed from the field of play immediately by the coach and/or 1st aider and* ***must*** *not return to the field of play.*
* *The referee shall be responsible for sending a copy of the completed RFL Team Sheet to the RFL Competition Officer within 24 hours of the completion of the match by email:* **competitions@rfl.co.uk**

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| **Home Team:** | | | | |  | **Away Team:** | | | |
| **Full Name**  **(In CAPITAL letters)** | | | **Player Verified** | | **Shirt Number** | **Full Name**  **(In CAPITAL letters)** | | | **Player Verified** |
|  | | |  | | **1** |  | | |  |
|  | | |  | | **2** |  | | |  |
|  | | |  | | **3** |  | | |  |
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|  | | |  | | **13** |  | | |  |
|  | | |  | | **14 SUB** |  | | |  |
|  | | |  | | **15 SUB** |  | | |  |
|  | | |  | | **16 SUB** |  | | |  |
|  | | |  | | **17 SUB** |  | | |  |
| **\*ONLY IF PERMITTED** | | |  | | **18 SUB\*** | **\*ONLY IF PERMITTED** | | |  |
| **\*ONLY IF PERMITTED** | | |  | | **19 SUB\*** | **\*ONLY IF PERMITTED** | | |  |
| **\*ONLY IF PERMITTED** | | |  | | **20 SUB\*** | **\*ONLY IF PERMITTED** | | |  |
|  | | |  | | **Head Coach** |  | | |  |
|  | | |  | | **Assistant Coach** |  | | |  |
|  | | |  | | **Medical Support** |  | | |  |
| **Game Date**  **(DD/MM/YY)** | Kick-Off Time | | | Half-Time  Score | | | Full-Time Score | | |
|  |  | | |  | | |  | | |
| **Team Sheet Authorisation** | | **Name (Print)** | | | | **Signature** | | **Position/Role at Club** | |
| **Home Team Representative** | |  | | | |  | |  | |
| **Away Team Representative** | |  | | | |  | |  | |
| **Referee** | |  | | | |  | | **N/A** | |

* ***Immediately following the match****, the referee and recognised team officials shall complete the rest of the sheet in full.*

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| **Disciplinary Report** | **Player (Name & Shirt Number)** | **Team** | **Nature of Offence** |
| **Sin Bin / Dismissal** |  |  |  |
| **Sin Bin / Dismissal** |  |  |  |
| **Sin Bin / Dismissal** |  |  |  |
| **Sin Bin / Dismissal** |  |  |  |
| **Sin Bin / Dismissal** |  |  |  |
| Serious Injury Report **(***including* **concussion)\***  **\***Any incidents in this section must be followed up by a team representative of the player(s) involved reporting to the RFL via the [‘Serious injury and concussion reporting form’](https://forms.office.com/e/iW888nLse9) within 24 hours | **Player (Name & Shirt Number)** | **Team** | **Nature of Injury** |
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