**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** |  |  |
|  |  | **4** |  |  |
|  |  | **5** |  |  |
|  |  | **6** |  |  |
|  |  | **7** |  |  |
|  |  | **8** |  |  |
|  |  | **9** |  |  |
|  |  | **10** |  |  |
|  |  | **11** |  |  |
|  |  | **12** |  |  |
|  |  | **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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