





YOUTH RUGBY TOUR CHECKLIST #5

CLUB						
Age Group:		Tour Venue:	Tour Venue:			
Date of Tour:		Tour Manage	Tour Manager:			
Section		Requiren	Requirement		Confirmation	
1. Approval and Permissions						
CB Approval		Approved by NLD CB for tour participation	our participation		□ Yes / □ No	
Host Union Approval (Including overseas)		Approved by Host Union			□ Yes / □ No	
RFU Touring Docume	ent	I have read and understand the RFU docu OVERNIGHT STAYS" and will uphold all res	d the RFU document "TRIPS TOURS AND Il uphold all responsibilities contained therein		□ Yes / □ No	
2. Tour Staff and Safeguarding						
Child Protection and Safeguarding Briefing		All tour staff briefed on child protection and safeguarding responsibilities per RFU document TRIPS TOURS AND OVERNIGHT STAYS *Additional information: Safeguarding - Information for Parents and Volunteers			□ Yes / □ No	
Tour Staff Vetting		All staff listed below have completed RFU-required vetting, and hold a current RFU DBS certificate (Include name held on GMS)			□ Yes / □ No	
3. Codes of Conduct						
		Parents, players, and staff are informed of expected Codes of Conduct during the tour (link)			□ Yes / □ No	
4. Supervision Ratios						
Supervision		Adequate supervision of players during the Tour (minir working ratio 1:5)		ratio 1:10,	□ Yes / □ No	
Number of Players Attending		Total number of players on tour:				
5. Emergency Procedures and Insurance						
Risk Assessment and Emergency Plans		Covers first aid, accommodation arranger travel, and venue risk assessments (copy		e, transportation,	□ Yes / □ No	
Insurance Coverage		There has been appropriate consideration of insurances (for non-rugby activities, public, civil and personal liability, legal, medical (EHIC/GHIC if in EEC) travel (baggage, money, curtailment/cancellation – esp. if overseas) and repatriation costs		□ Yes / □ No		
6. Parental Consent and Medical Forms						
Parental Consent		All parents/carers have signed consent and provided medical information for players on tour		□ Yes / □ No		
7. Emergency Contact Details						
Emergency Contact		Details provided to a designated home contact person (DBS-checked) who is a recognised member of the organisation		□ Yes / □ No		
Name of Home Cont	act	Name:				
Signed: (Club Safeguarding Officer): Date:						