

Michigan Youth Rugby Association Handbook

Version 1, January 1, 2014

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Introduction

Welcome to the Michigan Youth Rugby Association ("MYRA"). Formed in 1997, MYRA is a Michigan non-profit corporation that does business as "Rugby Michigan" and is the official governing body of youth rugby in the State of Michigan. MYRA operates under State Rugby Organization ("SRO") guidelines established by the United States of America Rugby Football Union ("USA Rugby") and provides boys and girls high school aged students with rugby competitions each Spring and Summer. MYRA is also working to establish educational programs and competitions for middle-school aged and younger students.

MYRA is governed by a Board of Directors and Executive Committee elected by the Board annually. Any new club desiring to compete in one of MYRA's sponsored leagues must apply in writing to the Secretary no later than December 31st for participation in the upcoming Spring season. MYRA holds two general meetings, one in December before the start of each season and another in June following the completion of the season. Applications for club admission may be considered at either meeting. For a full listing of current MYRA clubs and contact information, visit the MYRA website at www.rugbymichigan.com

MYRA requires every player, coach, administrator and club to enroll in USA Rugby's Club and Individual Participation Program ("CIPP") to participate in MYRA programs and events. The per player registration fees are used to cover both MYRA's operations and the cost of USA Rugby's governing structure, coaching clinics and basic liability insurance provided to its members. General information about CIPP enrollment and frequently asked insurance questions is available at www.USARugby.org.

The MYRA Board, Officers and Committees annually review and update the Sections of this Handbook in an effort to provide all MYRA participants the opportunity to experience safe, competitive and fair rugby competitions. The 2014 MYRA Board, Officers and Committees are:

MYRA Board of Directors

Ron Cornell, Chairman	rcornell@seyburn.com
Jim Clawson	jwclawson@att.net
Jeff Coppes	jacoppes@yahoo.com
Graeme Leask	Graeme@littletraverseinn.com
Jim Kehrer	jkehrer@mail.com
Mike Jacob	mikejacob@grcss.org

MYRA Officers

Sean McTaggart, President	sean@worugby.com
Paul Burke, Vice President Boys East	paul.burke@chaucer.com
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Stephanie Kehrer, Vice President Girls	steppytc@yahoo.com
Greg Peak, Vice President Youth	gpeak@empire-solutions.com
Larry Vertel, Treasurer	silvertel@gmail.com
Doug Karaska, Secretary	dkaraska@hotmail.com

MYRA Committees

Competition Committee	Establishes season league structure, playoff, championship venues and match play guidelines	Jeff Coppes, Chair jacoppes@yahoo.com
Disciplinary Committee	Establishes codes of conduct for players, coaches administrators and spectators and addresses disciplinary complaints and administers appropriate sanctions	Jim Kehrer, Chair jkehrer@mail.com
Referee Development Committee	Coordinate and solicits referee assignments and development of referees for all levels of play	Jim Clawson, Chair jwclawson@att.net
Program Development Committee	Identifies growth potentials for new youth and Club/Team opportunities and sources of fund raising and eligibility for grants	Mike Jacob, Chair mikejacob@gress.org

Section 1

Terms and Definitions

Except as stated otherwise, the following terms in this Handbook shall have the following meaning defined below.

Section 1.1 High School Club – Team made up of high school enrolled players from multiple high schools, which may field multiple Sides in accordance with the policies and procedures in this Handbook.

Section 1.2 High School Team – Team made up of high school enrolled players from a single high school, which may field multiple Sides in accordance with the policies and procedures in this Handbook.

Section 1.3 Fifteens Competitive Season – Governs fifteens competitions leading to a MYRA State Championship for boys and girls and runs from March through the completion of the current season State Finals.

Section 1.4 Sevens Competitive Season - Governs sevens competitions leading to a MYRA State Championship for boys and girls and runs from June through the completion of the current season State Finals.

Section 1.5 Match Roster – List of starting players and substitutions for any match leading to a MYRA State Championship.

Section 1.6 Qualifying Match – A match that leads to a MYRA State Championship.

Section 1.7 Side – A subgroup of a Club or a Team that represents varying levels of competition for any given match or set of matches; often designated as A-side, B-side, or C-side, with the “A-side” being the highest competitive level.

Section 1.8 MYRA Championship Event – Designates those events under the authority and jurisdiction of MYRA events. Includes:

Section 1.8.1 MYRA Playoffs and

Section 1.8.2 MYRA State Finals

Section 1.9 Event Schedule – The time period covering a single MYRA Championship Event, i.e. from team check-in through the final whistle in any given category, division, or gender.

Section 1.10 Play – Actually stepping onto the field either as a starter, reserve, or blood substitution for any length of time. A player can be named on the roster for a match and not actually “play” in the match.

Section 1.11 Exception – A circumstance that may be specifically listed in this Handbook that allows participation outside stated policies and procedures in this Handbook.

Section 1.12 Transfer – Official process of changing club affiliation. Waivers may be needed for transfers during the Competitive Season.

Section 1.13 Waiver – Required for any player to be eligible for competition in a particular category, division or gender outside of the policies and procedures in this Handbook.

Section 1.14 U18 – Being under 18 years of age.

Section 1.15 U19 – Being under 19 years of age.

Section 1.16 U15 – Being under 15 years of age.

Section 1.17 High School Rugby – Rugby played under the U19 Variations to the Laws of the Game by Clubs/Teams with players enrolled in High School or of High School age.

Section 2

High School Player Eligibility

Section 2.1 Players are eligible if they are 15 years of age and have not reached their 19th birthday by the September 1st that occurs before the start of the competitive season. A written waiver for a High School enrolled U15 player to play High School Rugby must be obtained (see Appendix A).

Section 2.2 Players, except those that have graduated, must be attending class full time, as defined by the High School registrar.

Section 2.3 Players must have certified High School transcripts or equivalent for either for two (2) consecutive semesters including the semester that falls during the Competition Season, or, for players that have graduated, the final semester prior to graduation during the current academic year.

Section 2.4 Players must be within four (4) years of the moment the player first enrolled in the ninth grade, regardless of when that player started playing rugby or had the ability to start playing rugby.

Section 2.5 Player must have played for the High School Team or High School Club in at least two (2) Qualifying Matches during the competitive season at least a week apart from each other prior to participating in a MYRA Championship Event.

Section 2.6 Players must not play in a Qualifying Match for any other Club/Team in a fifteens match, including the High School Team or High School Club, while those players' High School Qualifying Match season is in progress.

Section 2.7 Players must meet and remain in compliance with all applicable amateur standards.

Section 2.8 Physical Exams are recommended for each registered player and should be on file with the school or with the High School Team or High School Club. A medical waiver is mandatory; a copy of the waiver can be obtained through USA Rugby's website.

Section 2.9 A student is prohibited from representing his or her High School on both the boys team and girls team in the same sport during the same school year.

Section 2.10 Player must be enrolled in the current year's Club/Team and USA Rugby's Individual Participation Program (CIPP), with all dues fully paid, prior to participating in any match.

Section 2.11 With the exception of non-contact rugby, no girls shall play on a boy's team and no boy's shall play on a girl's team in matches comprised of players that are normally twelve (12) years of age or older.

Section 2.12 Player must also adhere to the event-specific regulations and procedures for each particular MYRA Championship Event.

Section 2.13 A Player who transfers to a different school or geographic location and desires to change Club or Team affiliations may submit a transfer request to the Competition Committee Chair for approval.

Section 3

High School Club/Team Eligibility

Section 3.1 High School Club and/or Team must be enrolled in the current year's CIPP, with a minimum of 15 players per competitive side registered by March 15th. Any High School Club and/or Team with less than 15 registered members will be under review for participation in the upcoming competition season by the applicable League Vice President. Additional High School Teams or Clubs may submit for approval to be included in the League by the Vice President of the League.

Section 3.2 High School Club and/or Team must have a CIPP enrolled Level 200 Coach who has successfully completed the applicable USA Rugby coaching certification.

Section 3.3 High School Club and/or Team must have one member Level 1 Referee Certified.

Section 3.4 High School Club and/or Team must adhere to the regulations and procedures for the particular MYRA Championship.

Section 3.5 High School Club and/or Team entering MYRA from other High School Rugby Unions must receive official clearance through their home union and MYRA.

Section 3.6 High School Team must be based on a State accredited school that issues High School Graduation Diplomas.

Section 3.7 High School Team shall be presented, by a registered list, that is limited to players that are registered students at the High School upon which the team is based.

Section 3.8 High School Club and/or Team may carry an unlimited number of players on its Registered List.

Section 3.9 High School Club can be represented by players that meet the Eligibility Guidelines (Player Eligibility) provided there is not more than five (5) exchange students on their Roster for any qualifying match leading to the MYRA State Championships.

Section 4

High School Match Structure

Section 4.1 All High School Clubs/Teams will be assigned to a League, see Appendix B.

Section 4.2 All High School Clubs/Teams will be regulated to a specific Division, see Appendix B.

Section 4.3 Points for all Qualifying Matches are scored as follows:

Win = 4 points

Draw = 2 points

Loss = 1 point for loss within 7 points of less of the team that wins

Loss = 0 points for loss of more than 7 points

Bonus 1 point for 4 tries or more

Bonus point is to promote try scoring instead of field goal attempts.

The loss for 1 point can be considered bonus point. This is to give reward and also incentive to teams to stay within 7 points. A losing team can earn 2 points by scoring 4 tries and finishing within 7 points.

Mercy Rule – Unlimited substitution for 30 point difference.

Section 4.4 Once a player has been named on a Match Roster for a Qualifying Match for a Side they are not allowed to play on a different Match Roster for a Qualifying Match.

Section 4.5 The Club/Team League and Division will be established prior to the scheduling of the match schedule. League and Division status of clubs/teams is presented to the Competition Committee for approval.

Section 4.6 Once a Club/Team has over 45 players on its Registered List and runs two active sides then the Club/Team must designate which Side the players are playing. For Club/Teams with less than 45 players on their Registered List the top 15 must be named/identified. The top 15 players (starting side) will be listed and not allowed to play down on its Match Roster for a Qualifying Match and/or MYRA Playoffs and/or State Finals. Match Rosters are traded between the coaches prior to kick-off of the Qualifying Match and sent to the appropriate league VP.

Section 4.7 The Match Roster shall have the players name, CIPP number, jersey number and position. The Match Roster shall be given to the opposing coach before kick-off. If there are limited jerseys then it is understood that substitutes may not be identified with a jersey number on the Match Roster.

Section 4.8. Matches shall be played in two 30 minute halves and is considered complete if 40 of 60 minutes played before play is suspended due to weather/safety concerns. There is no overtime play.

Section 4.9. Matches shall be played on the dates scheduled beginning at 5:30 p.m. or later depending upon referee availability. Date and start time for matches may be rescheduled so long as coaches and referee agree.

Section 4.10 All Clubs/Teams shall play a third twenty (20) minute period, or longer, unless both coaches agree to eliminate the third period in email/written form no later than Forty-Eight (48) hours prior to the start of the Qualifying Match. The third period will commence after the conclusion of the Qualifying Match. This third period is to promote development of players and referees. However, no player may play more than a total of 90 minutes per day.

Section 4.11 Each Club/Team must enter their game schedule into the MIRRS website. The website is www.mirrs.org.

Section 4.12 Each Club/Team shall provide referee feedback for all Qualifying Matches and MYRA scheduled events as requested by the governing referee society.

This feedback is to improve the quality of the referee and to aid in the selection of referees for the State Play-offs and Finals.

Section 4.13 At the conclusion of the competitive season, the top Club/Team of each Division will be regulated to the next higher Division, unless that Club/Team is a 2nd or 3rd side where it is anticipated that the players themselves move up through the Club/Team thus self regulating themselves up to the next Division.

Section 4.14 The top four (4) teams from each League Boys Division 1 & 2 and top eight (8) Girls Club/Teams will move on to the MYRA State Play-offs. The top two (2) teams from each League Boys Division 3 will move on the MYRA State Play-offs.

Section 4.15 The Certified Coach, Trainer, and/or Referee Coach are allowed field side of the ropes.

Section 4.16 Each Club/Team shall provide a touch judge capable of properly assisting the referee for all matches.

Section 4.17 Ticket price for the MYRA State Championships shall not exceed \$5.00/person. Any fee, in excess of the \$5.00/person, is to be approved by the Board.

Section 4.18 Boys Division 1, 2, 3 and Girls Leagues are 15's matches.

Section 4.19 MYRA Play-off Rules:

Section 4.19.1 If a ranked team fails to participate in play-offs and the next ranked team cannot attend, leaving a void in the play-off schedule, the highest ranked team in that league/division will receive the Bye.

Section 4.19.2 Matches are 22.5 minute halves.

Section 4.19.3 If regulation time ends in a tie then sudden death 22 meter kicks will be taken, alternating on each kick, first team to miss loses. Kickers must be chosen from players on the field at end of match.

Section 4.20 MYRA State Championship Final Rules:

Section 4.20.1 Matches are 30 minute halves.

Section 4.20.2 If regulation time ends in a tie, the Club/Team shall have a 10 minute break and then commence to play a 10 minute overtime period.

Section 4.20.3 If overtime ends in a tie, then each Club/Team shall be given up to 2 equal opportunity free kicks on the opposing

club's/team's 22 meter line from the same end of the pitch. Play shall stop and possession shall change on a score (penalty kick or try/conversion) or turnover. Club/Team with most points at the end of first or second equal opportunity declared the winner. The ball must go through a phase of play before a drop ball kick through the uprights is attempted. (Drop kicks are not allowed from the starting mark.)

Section 4.20.4 If equal opportunity 22 ends in tie, then the Club/Team shall proceed to sudden death 22 meter kicks, alternating on each kick, first team to miss after opponent makes kick loses.

Section 5

Interpretation and Enforcement of Eligibility

To provide fair and equitable standards of eligibility through the season for all matches leading to and including MYRA State Championships, the Competition Committee may amend these Eligibility guidelines and/or make further regulations during the Season.

Section 5.1 League Vice Presidents are responsible for determining the Clubs/Teams that participate according to the structure established, and according to eligibility policies and procedures in this Handbook.

Section 5.2 The Competition Committee may revise rules during the competitive season for unforeseen concerns that conflict with intent of existing bylaws, (particularly if state play-off status is likely to be affected), the Committee may introduce regulations for the current Season and/or determine the results of matches that have not been played for reason related to the above exceptional and material circumstances.

Section 6.3 Any regulation or decision made by the Competition Committee shall become final and binding unless any Club/Team or Player(s) affected has submitted an appeal to the Chair of the Board of Directors within 48 hours.

Section 6

Eligibility Waivers

A Club/Team or Player may request an exemption from a particular eligibility guideline by submitting a writing, supported by required documentation, to the Competition Committee Chair at least ten (10) business days prior to any match for which the exemption is requested. The Competition Committee will have five (5) days from the date of receipt of all required documentation to respond to the request. Individuals seeking waiver requests should consider that backlogs of waiver requests can occur, and eligibility should be investigated and any waivers requested prior to the beginning of each Competitive Season. Timely waiver requests are considered and reviewed without charge (i.e., more than three (3) business days prior to event for which eligibility is

requested). All waiver requests must be sent in writing to the Competition Committee Chair with a copy to the appropriate League Vice President.

Exemptions may be granted for legitimate geographic relocation for non-rugby reasons, family move, transfer, enrollment in educational programs or other personal situations.

Individual circumstances must be thoroughly explained and documentation should include:

- (i) Proof of dates(s) of enrollment in high school i.e official school transcripts, containing signature and/or seal of the registrar;
- (ii) All other documentation relevant to the specific waiver request;
- (iii) Any and all applicable medical documentation – only considered if medical condition was severe enough to prevent individual’s enrollment from High School one full academic year.

The timing of the request will factor into waiver consideration.

Section 7

Eligibility Challenges

All challenges to the eligibility of a Club/Team or Player will be handled by the Board of Directors. These include:

- 1) Challenges arising at or relation to a Match leading to a State Championship Event;
- 2) Challenges arising regarding a player or Club/Team in a separate territory;
- 3) Unresolved differences within or between two (2) or more Clubs/Teams;

In the event of challenges during a MYRA State Championship Event, the designated MYRA official will collect all pertinent data from the protesting party and the challenged party. This information will be sent to the attention of the Board of Directors Chair as soon as possible and no later than 48 hours following the event. The challenged player(s) may compete in the event; however, if the allegations of ineligibility are found to be true the match will be declared a forfeit. If the challenged player(s) do not take part in the event then the match results will stand.

In the event of a challenge, all explanations and relevant data must be submitted to the Board of Directors Chair as soon as possible following the event.

Section 8

Eligibility Appeals

If a Club/Team or Player has been deemed ineligible by a League Vice President, the affected Player or Club/Team shall have the right to appeal to the Competition Committee. The appeal must contain the initial written ruling by the League Vice President, all relevant document and written communication regarding the decision, and certification the Vice President of the League Vice President. A Club/Team or Player may then appeal the decision of the Competition Committee by submitting a written request to the Board of Directors Chair who shall randomly choose a three-person panel from the Board of Directors to consider the appeal. The Panel must act on the appeal in a timely manner.

Section 9

Media Credentials for Playoffs and State

Media wishing to cover MYRA sanctioned events must contact the MYRA Program Development Committee Chair. Media pass holders should make a courtesy call to the sites where they wish to send reporters.

Permission to distribute audio or video of MYRA sanctioned events must be secured from the MYRA Program Development Committee in advance, and any applicable rights fees must be paid in advance. Video rights are prioritized as follows: 1. MYRA, 2. Home team outlet, 3. Visiting team outlet, 4. Other outlets, if a game is still available.

FEDERAL — The Amateur Sports Act of 1978 states that an amateur sports organization, which conducts competition, which is restricted to high school students, has exclusive jurisdiction over such competition. The United States Olympic Committee and national governing bodies for particular sports do not have authority to interfere with high school sports programs; by law, they have the obligation to minimize conflicts with school sports.

This legislation was revisited by the U.S. Congress in 1998, and none of the changes made then affected the autonomy of schools and their statewide organizations to administer multi-sport interscholastic programs without interference from the USOC and national single-sport governing bodies.

Section 10

Codes of Conduct

All coaches, players and supporters are required to abide by the codes of conduct described below. Failure to abide by these codes may result in disciplinary action, including, but not limited to, the imposition of penalties during a match, and the suspension or expulsion from all MYRA events.

Section 10.1. Coach Code of Conduct.

Section 10.1.1. Teach and provide a positive example of good sportsmanship and mutual respect to all players, coaches, referees and supporters.

Section 10.1.2. Provide a safe playing environment and never physically or verbally intimidate or assault a player.

Section 10.1.3. Respect game officials, referees, opposing coaches and players and never communicate with them in an abusive or intimidating manner.

Section 10.1.4. Never consume, or encourage or tolerate consumption of tobacco, alcohol or the use of illegal drugs prior to, during or after practices or matches.

Section 10.2. Player Code of Conduct.

Section 10.2.1. Exhibit good sportsmanship, fair play and mutual respect for all players, coaches, referees and supporters.

Section 10.2.2. Respect the laws of the game and never attempt to intimidate, abuse, assault other players or engage in dangerous play.

Section 10.2.3. Respect all game officials, referees, opposing coaches and players and never communicate with them in an abusive or intimidating manner.

Section 10.2.4. Never consume, or encourage or tolerate consumption of tobacco, alcohol or the use of illegal drugs prior to, during or after practices or matches.

Section 10.3. Supporter Code of Conduct.

Section 10.3.1. Encourage positive examples of good sportsmanship, fair play and mutual respect to all players, coaches, referees and supporters.

Section 10.3.2. Respect game officials, referees, opposing coaches and players and never communicate with them in an abusive or intimidating manner.

Section 10.1.4. Demand a tobacco, alcohol and drug-free environment and refrain from their use at all MYRA sponsored events.

Section 11

Concussion and Safety Protocols

All MYRA sponsored events shall be structured to provide all players with quality instruction, training and competitive rugby techniques in a safe environment.

Section 11.1 Concussion Protocol. MYRA will follow the National Federation Sports Playing Rules For Concussions:

<http://www.mhsaa.com/Portals/0/Documents/health%20safety/Concussion2010.pdf>

and the International Rugby Board (“IRB”) Regulation 10 and the IRB Concussion guidelines (Appendix C).

Section 11.2. Match Day. For each scheduled match, the host club is recommended to have a Certified Athletic Trainer (“ATC”), Emergency Medical Technician (“EMT”), or other medically qualified individual ready to provide aid to all participants. In addition, each host club is responsible for having on site during the match:

- Section 11.2.1.** Designated safety coordinator (preferably non-coach).
- Section 11.2.2.** Emergency/hospital contact sheet.
- Section 11.2.3.** Mobile telephone numbers for emergency medical assistance
- Section 11.2.4.** Medical/emergency contact information on site for each player.

Section 11.3. Crowd Control. All host clubs are responsible for supplying adequate crowd control measures/barriers to keep non-participating players and fans 5-10 meters off of the touch lines.

Section 11.3.1. Only coaches are allowed inside 5 meter rope barrier (exception for a player who is about to enter match)

Section 11.3.2. Provided the venue permits, opposing clubs should occupy opposite sides of the playing field. When venues do not permit, clubs will remain on their half of the pitch with a divider to determine the middle.

Section 12

Disciplinary Policy and Procedures

The MYRA Disciplinary Committee has established the following disciplinary policy and procedures modeled after USA Rugby's National Disciplinary Regulations and Procedures for all matches, off-field misconduct, functions, or any other matters of disciplinary concern considered to be detrimental to the game of rugby ("Incidents").

Section 12.1 Jurisdiction. MYRA has jurisdiction to administer this Disciplinary Policy and Procedures for all Incidents occurring in Michigan or outside of Michigan involving players, clubs, teams, coaches and supporters of clubs and teams, actively participating in MYRA sanctioned events during a Fifteens or Sevens Competitive season.

Section 12.2 Disciplinary Chair(s). The acting Vice Presidents for High School Boys East and West Leagues shall each serve as the Disciplinary Chair for the other league. The acting President shall serve as the Disciplinary Chair for the High School Girls League. The Vice President of Youth shall serve as the Disciplinary Chair for all other non-high school U15 youth rugby. The Disciplinary Chair may determine appropriate penalties applicable to players, coaches, teams or supporters that are found to have exhibited conduct in violation of MYRA's published Policies and Procedures or otherwise detrimental to the sport of rugby. These penalties may include suspension from eligibility and expulsion from MYRA sanctioned events.

Section 12.3 Incident Report. Incidents requiring disciplinary action may be reported by referees, coaches, players, clubs and teams by sending a written Incident Report to the appropriate Disciplinary Chair within forty eight hours / two (2) days of the Incident. The written Incident Report shall include: (a) the offender's name; (b) club or team affiliation; (c) date, time, and location of the Incident; (d) the nature of the Incident; and (e) any action already taken in response to the Incident (e.g., Referee red card send-off).

Section 12.4 Penalties. Any player, or coach, who is sent off for the duration of a match for any reason is automatically suspended for eight days or one match whichever is longer.* Pending a review of the send-off report by the Disciplinary Chair, additional sanctions may be imposed. If additional sanctions are imposed, the player, or coach, has the right to a timely appeal. Any additional sanctions will be held in abeyance, upon receipt of an appeal, until review and ruling by the Appeals Committee. When a player, or coach, is sent off the field for the following reasons, the sanctions shall be in the range set forth below. These penalties are inclusive of the eight day or one match automatic suspensions.

*The minimum penalty of 8 days means 8 days or 1 match whichever is the longer. This decision is not appealable.

Infraction	First Offense	Second Offense/ Repeat Offense
Non Violent Technical Infractions (holding, obstructing, game delay)	8 days - 2 wks	3wks - 2mos.
Minor Physical Offense (pushing, barging, over-the-top calls, early or late tackles)	8 days - 3 wks	4wks - 3mos.
Major Physical Offense (kicking, punching, dangerous rucking)	8 days - 6 wks	4 - 10 weeks
Major Physical Offense (kicking or punching to the head or groin)	8 days - 12wks	6 - 12 mos.
Major Physical Offense (player in defenseless position and/or with intent to injure)	8 days - 20 wks	9 - 15 mos.
Persistent Criticism / Disputing of Calls with Referee, within the "playing enclosure".	8 days - 3 games	4 - 6 games
Verbal Abuse and/or Threatening a Referee, within the "playing enclosure".	8 days - 5 games	6 - 10 games
Continuation of # 7 and/or Nonviolent Contact with a Referee After a Send-Off or at End of Game	8 days - 6 months	1 or more yrs.
Physical or Attempted Physical Assault of a Referee (on or off the field)	*Immediate Suspension. Unless overwhelming evidence is presented that would mitigate the situation, a minimum suspension of five (5) years will be assessed to the offender.	

Section 12.5 Undetected Foul Play. When foul play occurs, but is undetected by the Referee, or Touch Judges, it is the responsibility of the witness(es) to report it to the Referee as soon as practical, after the Incident. If it is not practical to report the Incident to the Referee, the witness(es) should send an Incident Report to the Disciplinary Chair within two (2) days after the Incident. Undetected foul play Incidents, if found to be true, should be penalized as if a Send-Off was ordered by the Referee, in addition to any other penalties, if appropriate.

Section 12.6 Off Field Conduct. Off field behavior that is detrimental to the image of the game of rugby can and should be reported by anyone by sending an Incident Report to the Disciplinary Chair as soon as practical, within two (2) days after the Incident, if possible. Off field Incidents will be reviewed on a case-by-case basis. Proven allegations of misconduct that tends to place the game in disrepute shall be dealt with in the strongest manner.

Section 12.7 Investigation. The Disciplinary Chair shall investigate any matters, subject to MYRA disciplinary jurisdiction, brought to the Chair's attention in writing. Upon receipt of an Incident Report, the Disciplinary Chair shall contact the accused offender and, if the accused is a player, the player's Club/Team coach. If necessary, the Chair shall interview those involved and request additional information or documentation of the Incident. The accused offender shall have the opportunity to review all evidence of the Incident submitted to the Disciplinary Chair. The entire investigative process shall be documented such that written records of all communications, hearings, and decisions are retained by the Disciplinary Chair making the decision.

Section 12.8 Decision and Notification. The Disciplinary Chair shall render a written decision as soon as practical following an investigation into the Incident (the "Decision"). The written Decision shall be communicated to all parties involved, the Chairperson of the Disciplinary Committee and MYRA Secretary by mail, fax or e-mail and followed up by regular mail, as appropriate.

Section 12.9 Appeals. Any appeal of the Decision by a Player, Club or Team involved in the Incident must be made in writing to the Disciplinary Chair within 72 hours of notification of the Decision.

Section 12.9.1 Upon receipt of an Appeal, the Disciplinary Chair shall appoint 3 sitting officers and/or Board members to serve as the Appeals Committee. The Chair should forward all information and documentation regarding the Incident at issue to the Appeals Committee.

Section 12.9.2 The members of the Appeals Committee shall select an Appeals Chair to conduct the Appeal process and publish notices and a decision on the Appeal.

Section 12.9.3 The Appeals Committee shall determine the date, time and place for a hearing on the Appeal. The Hearing may be conducted

telephonically, if the Appellant agrees. The Appeals Chair shall conduct the hearing. All parties involved shall be given the opportunity to present pertinent information during the Hearing. A majority vote shall decide whether to affirm, reverse or modify the Decision.

Section 12.9.4. The Appeals Chair shall publish a written decision on the Appeal within 48 hours after the hearing to all parties involved, the Chairperson of the Disciplinary Committee and MYRA Secretary by mail, fax or e-mail and followed up by regular mail, as appropriate.

Section 12.10 Reciprocity. MYRA recognizes all disciplinary actions, penalties or suspensions imposed on any individual, Club, or Team by any other governing body within the sport of Rugby Union Football.

Section 12.11 Tracking Offenders. All Decisions and Appeals shall be published and available on the MYRA website for a period of 4 years. Each year the Disciplinary Chair shall send copies of their Decisions to MYRA's Secretary and Chairperson of the Disciplinary Committee for record keeping. Where appropriate, the Chairperson of the Disciplinary Committee may circulate Decisions and Appeals on suspended offenders to USA Rugby and any other geographic union or association having jurisdiction over the game of rugby where the offender is or will be geographically located.

Appendix A

**USA RUGBY WAIVER FOR UNDER 15 PLAYERS ENROLLED IN HIGH SCHOOL
TO PARTICIPATE IN HIGH SCHOOL OR UNDER 19 RUGBY (Effective May
2013)**

THIS WAIVER MAY NOT BE USED FOR MIDDLE SCHOOL PLAYERS TO PLAY ON HIGH SCHOOL OR UNDER 19 RUGBY TEAMS. USA RUGBY'S ELIGIBILITY RULES PROHIBIT ANY PLAYER THAT IS NOT ENROLLED IN HIGH SCHOOL OR OF HIGH SCHOOL AGE TO PLAY FOR A HIGH SCHOOL OR UNDER 19 TEAM OR CLUB.

High School Rugby and Under 19 Rugby is defined as: Rugby played between players enrolled in high school or of high school age. These teams must be registered with USA Rugby as 'High School Teams/Clubs'. This includes high school single school, multi-school, community club teams and teams made primarily of High School Players.

Policy:

No high school player, under the age of 15 shall train, practice, play, or be eligible to play High School or Under 19 Rugby without having first completed all applicable portions of this agreement. Completed agreements must be submitted to player's club and available for review upon request of any match opponent or administrator.

As per USA Rugby Eligibility Regulations, the Undersigned consent to allow the player listed below to play High School or Under 19 Rugby (other than in front row positions); and also agree to accept all responsibility and risks associated with playing in High School or U19 Rugby with players who may be stronger and more physically developed than the player. The Undersigned confirm that the player has an appropriate understanding of the physical attributes required of, and the risks to players, playing High School or Under 19 Rugby, and that the player has the requisite skills and experience to play High School or Under 19 Rugby.

We, the undersigned player, parent or guardian, and coach, by signing this agreement, agree that this document constitutes the required written agreements and consents required by the USA Rugby Policy for Under 15s Playing High School or U19 Rugby, thereby allowing the following player to play High School or U19 Rugby.

Player Name	USA Rugby Registration#	Signature	Date
(Must be in High School)			

Coach Name	USA Rugby Registration#	Signature	Date
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Parent or Legal Guardian Name	Signature	Date
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Appendix B

Appendix B – League and Division Identification - 2014 Spring Season

Club/Team Name		League	Sex	Division
Birmingham		East	Boys	1
Brighton A		East	Boys	1
Dexter A		East	Boys	1
Livonia		East	Boys	1
Washtenaw		East	Boys	1
Dearborn		East	Boys	1
Grand Blanc		East	Boys	2
Northville		East	Boys	2
Lakeview		East	Boys	2
Howell		East	Boys	2
Troy		East	Boys	2
Lansing		East	Boys	2
Downriver		East	Boys	3
Berkley		East	Boys	3
Grosse Pointe		East	Boys	3
Brighton B		East	Boys	3
Freeland		East	Boys	3
Dexter B		East	Boys	3
Shelby		East	Boys	3
Catholic Central A	Club	West	Boys	1
Forest Hills	Team	West	Boys	1
Grandville A	Team	West	Boys	1
Rockford A	Team	West	Boys	1
TC Alliance	Club	West	Boys	1
West Ottawa		West	Boys	1
Kalamazoo	Club	West	Boys	2
Kenowa Hills	Club	West	Boys	2
Marshall		West	Boys	2
Sparta	Team	West	Boys	2
West Catholic	Club	West	Boys	2
West Ottawa B		West	Boys	2
Grandville B	Team	West	Boys	3
Rockford B	Team	West	Boys	3
Southwest Bulls	Club	West	Boys	3
TC Blues	Club	West	Boys	3
West Ottawa C		West	Boys	3
Berkley		A	Girls	1
Dearborn		A	Girls	1
Freeland		A	Girls	1
Grandville		A	Girls	1

Lakeview		A	Girls	1
Livingston		A	Girls	1
Toledo		A	Girls	1
Traverse City		A	Girls	1
Washtenaw		A	Girls	1
Grandville	Team	West U15	Boys	

Appendix C

REGULATION 10. MEDICAL

10.1 Concussion¹

10.1.1 Concussion must be taken extremely seriously. The IRB Concussion Guidelines set out the procedures for the management of:

- (i) Players diagnosed with concussion by an appropriately qualified person (as applicable in the relevant jurisdiction); or
- (ii) Players suspected of having concussion.

The IRB Concussion Guidelines (available on www.irbplayerwelfare.com) shall be updated from time to time in accordance with best medical practice.

10.1.2 All Players diagnosed with concussion during a Game or training must:

- (i) be removed from the field of play and not return to play or train on the same day; and
- (ii) complete the graduated return to play protocol described in the IRB Concussion Guidelines.

10.1.3 All Players who are suspected of having concussion during a Game or training at which there is no appropriately qualified person (as applicable in the relevant jurisdiction) present to diagnose concussion:

- (i) must be removed from the field of play and not return to play or train on the same day; and
- (ii) should be reviewed by an appropriately qualified person (as applicable in the relevant jurisdiction) and diagnosed as having concussion or not; and
- (iii) in any case must complete the graduated return to play protocol described in the IRB Concussion Guidelines.

10.1.4 The IRB Concussion Guidelines highlight the heightened risk of concussion and its complications in children and adolescent (less than 18 years of age) Players. Extra caution must be taken to prevent such Players returning to play or continuing playing or training if any suspicion of concussion exists.

¹ Concussion is a complex process caused by trauma that transmits force to the brain either directly or indirectly and results in temporary impairment of brain function. A Player can sustain a concussion without losing consciousness. Concussion is associated with a graded set of clinical signs and symptoms that resolve sequentially. Concussion reflects a functional rather than structural injury and standard neuro-imaging is typically normal.



INTERNATIONAL RUGBY BOARD

Putting players first

IRB Concussion Guidelines

Summary Principles

- Concussion must be taken extremely seriously to safeguard the long term welfare of Players.
- Players suspected of having concussion must be removed from play and must not resume play in the match.
- Players suspected of having concussion must be medically assessed.
- Players suspected of having concussion or diagnosed with concussion must go through a graduated return to play protocol (GRTP).
- Players must receive medical clearance before returning to play.

Introduction

The IRB takes Player Welfare seriously and played a central role in the development of the Zurich Consensus (2008) on Concussion in Sport on which these guidelines are based. The guidelines were designed to be used by physicians and other health professionals as well as team management, teachers, parents and Players. The guidelines are meant to ensure that Players who suffer concussion are managed effectively to protect their long term health and welfare. Scientific knowledge in the field of concussion is constantly evolving and the consensus process will make sure that the IRB guidelines will keep pace with these changes.

What is Concussion?

Concussion is a complex process caused by trauma that transmits force to the brain either directly or indirectly and results in temporary impairment of brain function. Its development and resolution are rapid and spontaneous. A Player can sustain a concussion without losing consciousness. Concussion is associated with a graded set of clinical signs and symptoms that resolve sequentially. Concussion reflects a functional rather than structural injury and standard neuro-imaging is typically normal.

CONCUSSION MUST BE TAKEN EXTREMELY SERIOUSLY.

IRB Concussion Guidelines

Concussion producing forces are common in Rugby; fortunately most of these do not result in concussion. There is widespread variation in the initial effects of concussion. Recovery is spontaneous often with rapid resolution of signs, symptoms and changes in cognition (minutes to days). This could increase the potential for Players to ignore concussion symptoms at the time of injury or return to play prior to the full recovery from a diagnosed concussion. This may result in a more serious brain injury or a prolonged recovery period. The potential for serious and prolonged injury emphasizes the need for comprehensive medical assessment and follow-up until the concussion has fully resolved. Returning to play before complete resolution of the concussion exposes the Player to recurrent concussions that might take place with ever decreasing forces. We have concerns that repeat concussion could shorten a Player's career and may have some potential to result in permanent neurological impairment. Players must be honest with themselves and medical staff for their own protection.

What are the signs of Concussion?

The common signs and symptoms indicating that a Player may have concussion are listed below in **Table 1**. If a Player shows any of the signs described in the Table (as a result of a direct blow to the head, face, neck or elsewhere on the body with a force being transmitted to the head) they have suspected concussion.

Table 1: Common early signs and symptoms of concussion

Indicator	Evidence
Symptoms	Headache, dizziness, "feeling in a fog"
Physical signs	Loss of consciousness, vacant expression, vomiting, inappropriate playing behaviour, unsteady on legs, slowed reactions
Behavioural changes	Inappropriate emotions, irritability, feeling nervous or anxious
Cognitive impairment	Slowed reaction times, confusion/disorientation, poor attention and concentration, loss of memory for events up to and/or after the concussion
Sleep disturbance	Drowsiness

Stage 1: Diagnosis and Management of Concussion

What happens if a Player is injured and has suspected concussion?

Diagram 1 below indicates what should happen if a Player has suspected concussion. It addresses the situation both when a Medical Practitioner and/or Healthcare Professional is present and not present. If a Player is suspected of having concussion that Player must be removed from play and must not resume playing in the match.

Medical Practitioner and/or Healthcare Professional present

Where an injury event with the potential to cause a head injury or concussion occurs and there is a Medical Practitioner or Healthcare Professional present the Player will be examined and if any of the signs or symptoms in Table 1 are identified and/or the Player fails to answer correctly the five memory questions in Pocket Scat 2 (Appendix 2) the Player **MUST** be removed from the field of play for a comprehensive medical evaluation. An assessment of the Player's balance is likely to form part of this off-field evaluation. The Player **MUST NOT** resume play once removed from the field for suspected concussion.

Memory questions:

- At what venue are we today?
- Which half is it now?
- Who scored last in this game?
- Which team did you play last week/game?
- Did your team win the last game?

The Player must be removed in a safe manner in accordance with emergency management procedures. If a cervical spine injury is suspected the Player should only be removed by emergency Healthcare Professionals with appropriate spinal care training.

If a Medical Practitioner is present they can use **SCAT 2 (Appendix 1)** or other diagnostic tools to assist in the comprehensive medical evaluation of Players with concussion or suspected concussion. **Note that SCAT2 must only be used for Players aged from 10 years and older.**

Medical practitioners can familiarise themselves with SCAT 2 using the IRB online training programme, available through www.irbplayerwelfare.com planned for release in Autumn 2011.

A Player suspected of having concussion shall move to Stage 2, the GRTP protocol, irrespective of the subsequent diagnosis.

IRB Concussion Guidelines**Medical Practitioner and/or Healthcare Professional not present**

If there is no Medical Practitioner or Healthcare Professional present the Player who is injured may be disorientated and unable to make a judgement about their own condition. Fellow Players, coaches, Match Officials, team managers, administrators or parents who observe an injured Player displaying any of the signs in Table 1 after an injury event with the potential to cause a head injury or concussion **MUST** do their best to ensure that the Player is removed from the field of play in a safe manner.

The Player must **not** be left on his or her own and must **not** be allowed to drive a vehicle. If a medical practitioner is not available on-site the Player must be referred to a medical practitioner for diagnosis and comprehensive assessment as soon as possible.

Pocket SCAT 2 (Appendix 2) can be used to assist in the identification of suspected concussion where a medical practitioner is not present at the time of the incident. Most importantly if a Player:

- a. Shows any of the listed symptoms in Table 1; or
- b. Fails to answer any of the memory questions correctly in Pocket SCAT 2; or
- c. Makes more than five errors in the balance test in Pocket SCAT 2; or
- d. There are any concerns that the Player is suspected of having concussion;

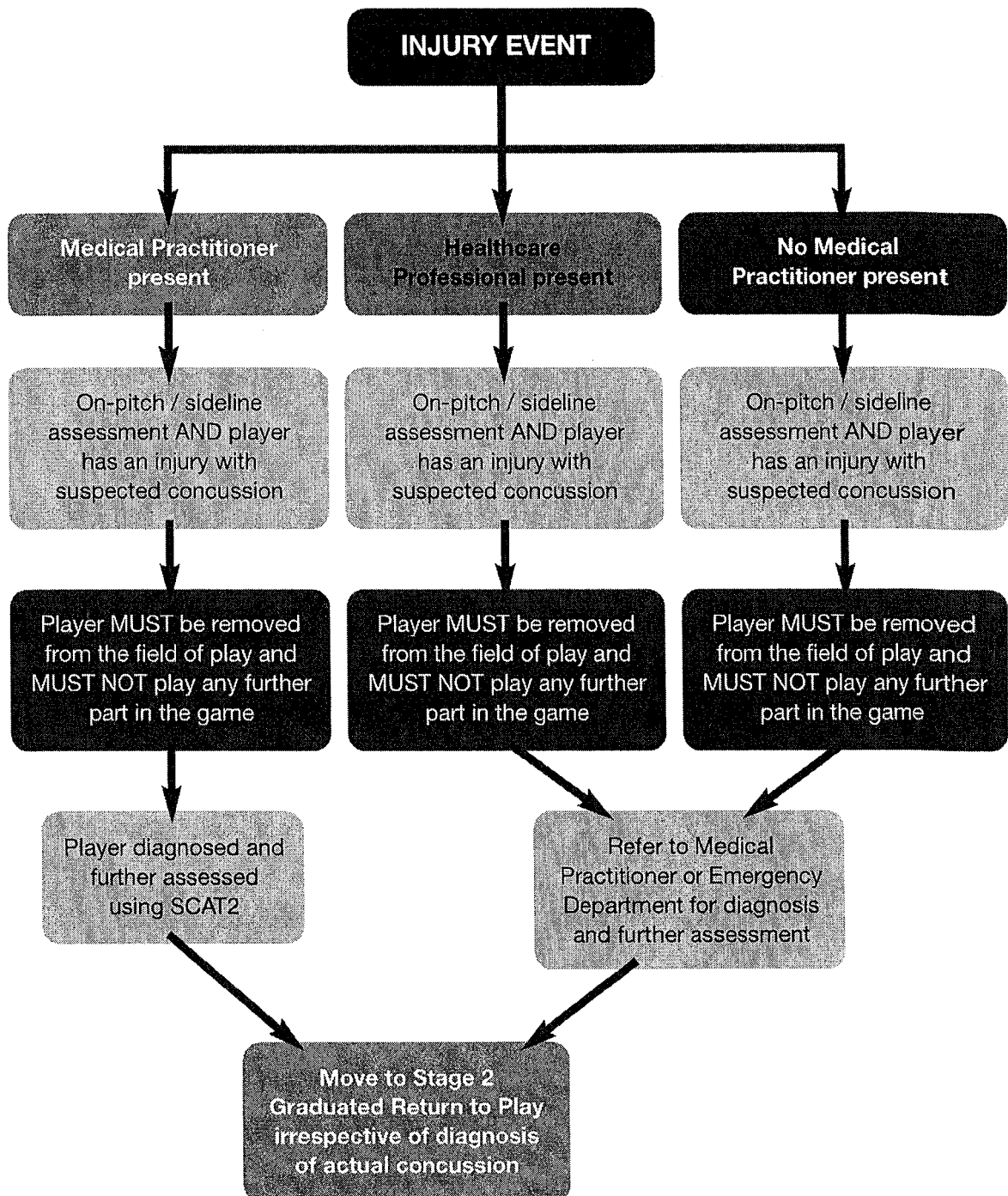
then concussion must be suspected and the Player must be removed from play and referred to a Medical Practitioner or Emergency Department for diagnosis and comprehensive assessment as soon as possible.

A Player suspected of having concussion shall move to Stage 2, the GRTP protocol, irrespective of the diagnosis.

Pocket SCAT 2 is available from www.irbplayerwelfare.com. It is recommended that coaches, team managers, administrators, teachers, parents, Players, Match Officials and Healthcare Professionals associated with Rugby teams educate themselves in the use of Pocket SCAT 2 using the IRB online training programme available through www.irbplayerwelfare.com planned for release in Autumn 2011.

Onset of Symptoms

It should be noted that the symptoms of concussion can first present at any time (but typically in the first 24 – 48 hours) after the incident which caused the suspected concussion.

Diagram 1
Stage 1: Diagnosis and initial management


Modifying Factors in Diagnosis and Management of Concussion

Modifying factors are those that may influence the investigation and management of concussion including the GRTP. In some cases they may predict the potential for prolonged or persistent symptoms (**Table 2**).

Table 2: Concussion Modifiers

Factors	Modifier
Symptoms	Number Duration (>10 days) Severity
Signs	Prolonged loss of consciousness (>1 min) Amnesia
Sequelae	Concussive convulsions
Temporal	Frequency – repeated concussions over time Timing – injuries close together in time “Recency” – recent concussion or traumatic brain injury
Threshold	Repeated concussions occurring with progressively less Impact force or slower recovery after each successive concussion
Age	Child (<10 years) and adolescent (10 to 18 years)
Co- and premorbidities	Migraine, depression or other mental health disorders, attention deficit hyperactivity disorder (ADHD), learning disabilities, sleep disorders
Medication	Psychoactive drugs, anticoagulants
Behaviour	Dangerous style of play
Sport	High risk activity, contact and collision sport, high sporting level

IRB Concussion Guidelines**Children and adolescents**

Whilst the guidelines apply to all age groups particular care needs to be taken with children and adolescents due to the potential dangers associated with concussion in the developing brain. Children under ten years of age may display different concussion symptoms and should be assessed by a Medical Practitioner using diagnostic tools. As for adults, children (under 10 years) and adolescents (10 – 18 years) with suspected concussion **MUST** be referred to a Medical Practitioner immediately. Additionally, they may need specialist medical assessment. The Medical Practitioner responsible for the child's or adolescent's treatment will advise on the return to play process, however, a more conservative GRTP approach is recommended. It is appropriate to extend the amount of time of asymptomatic rest and /or the length of the graded exertion in children and adolescents.

Children and adolescents must not return to play without clearance from a Medical Practitioner.

Stage 2: Graduated Return to Play (GRTP)

Following a concussion or suspected concussion how does the Player return to play?

Following a concussion or suspected concussion the management of a GRTP should be undertaken on a case by case basis and with the full cooperation of the Player. This will be dependent on the time in which symptoms are resolved. It is important that concussion is managed so that there is physical and cognitive rest until there are no remaining symptoms. Activities that require concentration and attention should be avoided until symptoms have been absent for a minimum of 24 consecutive hours without medication that may mask the symptoms e.g. headache tablets, anti-depressant medication, sleeping medication, caffeine. The modifying factors in Table 2 should also be taken into consideration. The GRTP process which is managed by a Medical Practitioner is shown in Diagram 2.

When GRTP is managed by a Medical Practitioner

If a Medical Practitioner (with the assistance of a Healthcare Professional, as applicable) is managing the recovery of the Player it is possible for the Player to return to play after a minimum of six days having successfully followed and completed each stage of the GRTP protocol. The Medical Practitioner may observe the Player at each stage of the GRTP protocol but may also delegate the observation to a Healthcare Professional while remaining responsible for the management of the protocol. The GRTP applies to all situations including tournaments. An indicative minimum GRTP protocol is provided in Table 3. Provided that the Player with concussion or suspected concussion is, and remains, symptom free the Player may commence the GRTP.

IRB Concussion Guidelines

Before a Player can restart exercise they must be symptom free for a period of 24 hours (Level 1) and then they may move to the next stage (Level 2). Under the GRTP protocol, the Player can proceed to the next stage if no symptoms of concussion (SCAT 2 provides the symptom checklist) are shown at the current stage (that is, both the periods of rest and exercise during that 24-hour period). This includes level 1 where the Player must experience a minimum of 24 consecutive symptom-free hours of rest prior to moving on to Level 2.

Where the Player completes each stage successfully without any symptoms the Player would take approximately one week to proceed through the full rehabilitation protocol. If any symptoms occur while progressing through the GRTP protocol, the Player must return to the previous stage and attempt to progress again after a minimum 24-hour period of rest has passed without the appearance of any symptoms.

After Level 4 the Player resumes full contact practice and the Medical Practitioner and the Player must first confirm that the Player can take part. Full contact practice equates to return to play for the purposes of concussion. However return to play itself shall not occur until Level 6 (**Table 3**).

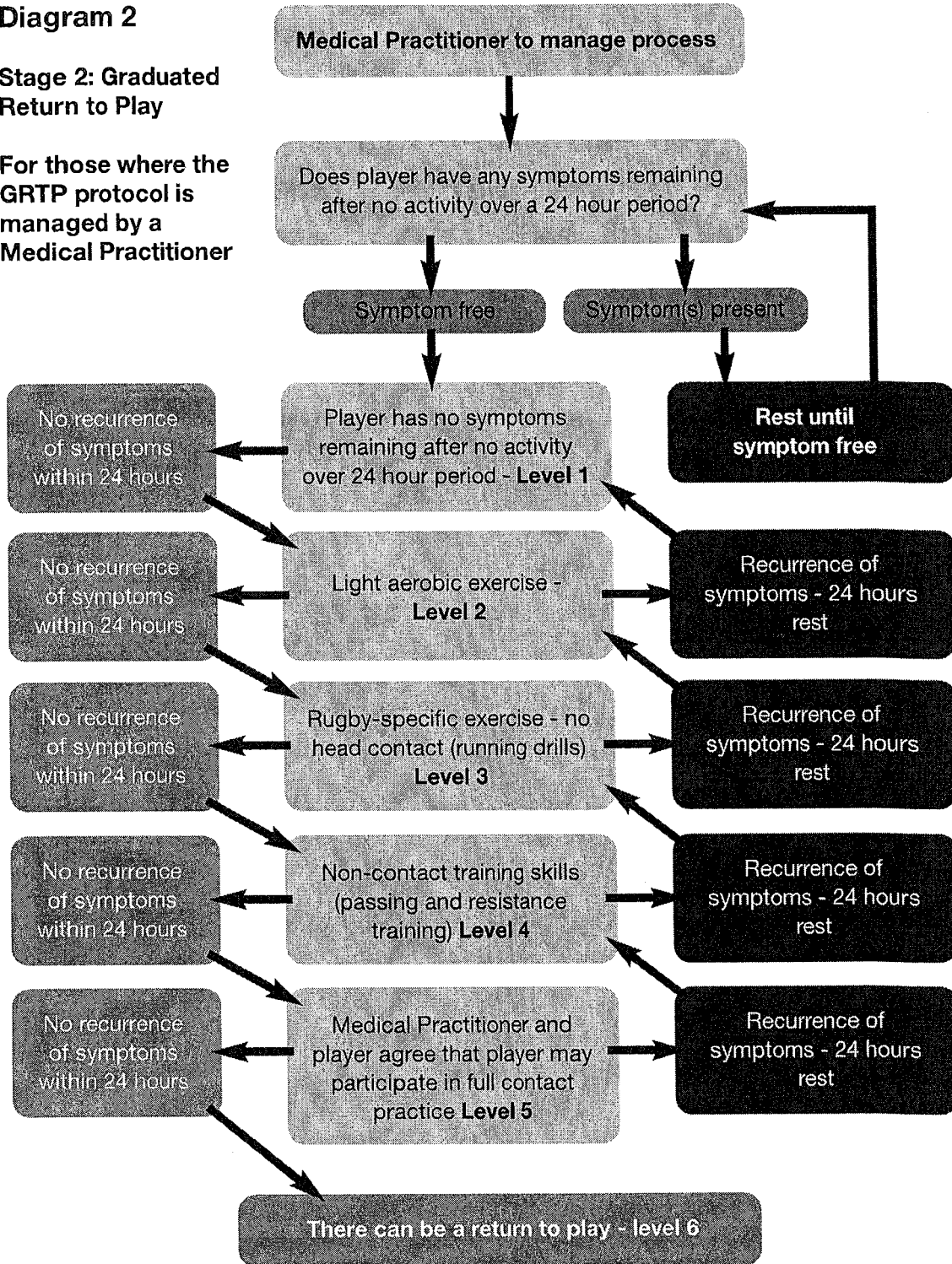
Table 3: GRTP Protocol

Rehabilitation stage	Functional exercise at each stage of rehabilitation	Objective of each stage
1. No activity, minimum 24 hours following the injury where managed by a medical practitioner, otherwise minimum 14 days following the injury	Complete physical and cognitive rest without symptoms	Recovery
2. Light aerobic exercise during 24-hour period	Walking, swimming or stationary cycling keeping intensity, <70% maximum predicted heart rate. No resistance training. Symptom free during full 24-hour period.	Increase heart rate
3. Sport-specific exercise during 24-hour period	Running drills. No head impact activities. Symptom free during full 24-hour period.	Add movement
4. Non-contact training drills during 24-hour period	Progression to more complex training drills, e.g. passing drills. May start progressive resistance training. Symptom free during full 24-hour period.	Exercise, coordination, and cognitive load
5. Full Contact Practice	Following medical clearance participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6. After 24 hours return to play	Player rehabilitated	Recovered

Diagram 2

Stage 2: Graduated Return to Play

For those where the GRTP protocol is managed by a Medical Practitioner



IRB Concussion Guidelines**Where GRTP is NOT managed by a Medical Practitioner**

There may be extreme situations where a Player does not have access to a Medical Practitioner to diagnose concussion or to manage the GRTP. In these situations if a Player has shown signs of concussion that Player must be treated as having suspected concussion and must not play until at least the 21st day after the incident and should follow the GRTP process outlined in Diagram 3. Other Players, coaches and administrators associated with the Player should insist on the guidelines being followed.

If a Player has been diagnosed with concussion by a Medical Practitioner but does not have access to a Medical Practitioner to manage the GRTP that Player must not play until at least the 21st day after the incident and should follow the GRTP process outlined in Diagram 3.

In the above situations the GRTP process may commence after a 14 day stand-down period from playing sport and/or training for sport and only if there are no symptoms of concussion.

Ideally the process should be managed and observed by someone familiar with the Player who could identify any abnormal signs displayed by the Player. Pocket SCAT 2 will assist the person managing the process.

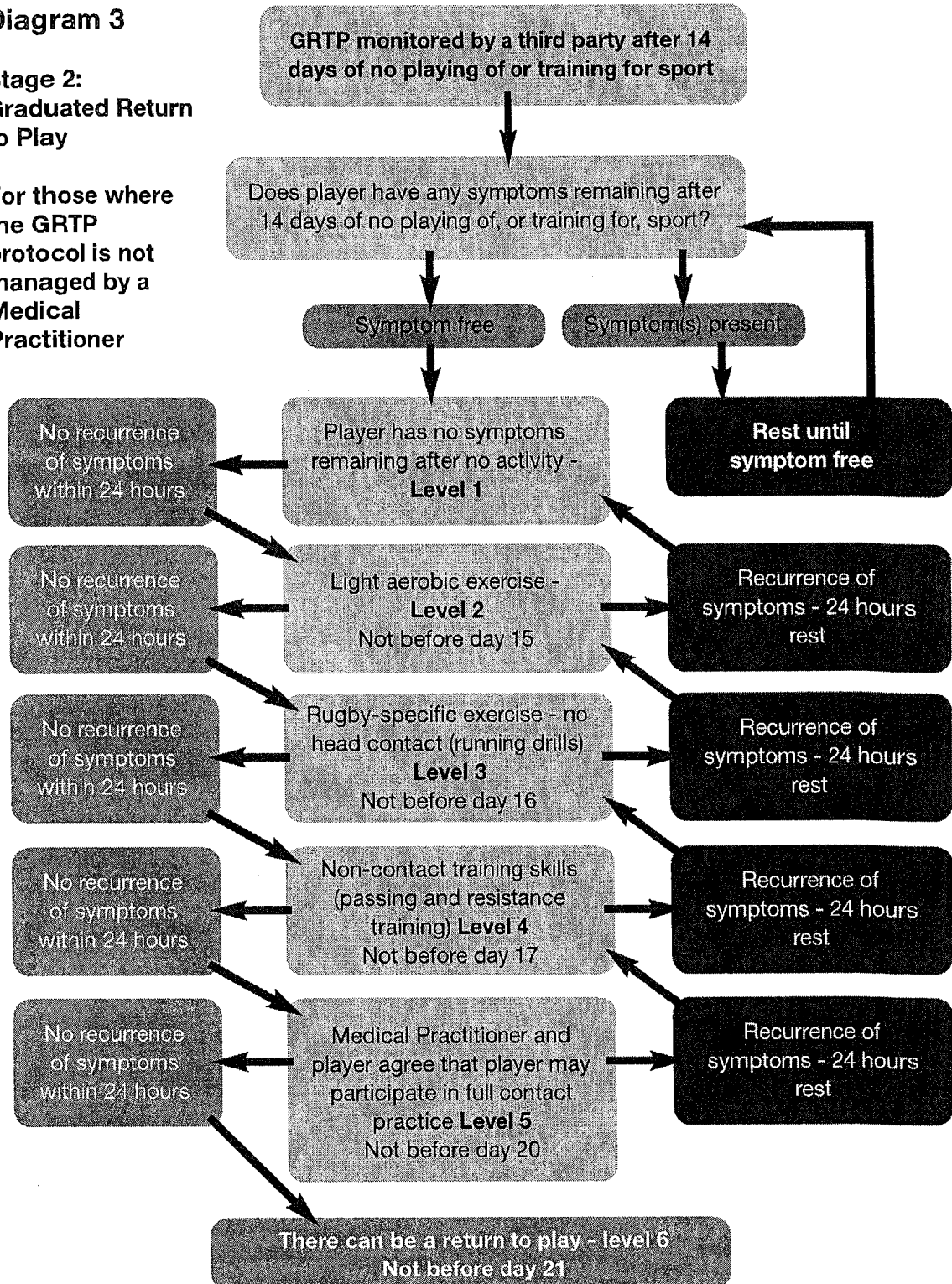
Before a Player can restart exercise they must be symptom free for a period of 14 days (Level 1) and then they may move to the next stage (Level 2). Under the GRTP protocol, the Player can proceed to the next stage only if no symptoms of concussion (SCAT 2 provides the symptom checklist) are shown at the current stage (that is, both the periods of rest and exercise during that 24-hour period).

Where the Player completes each stage successfully without any symptoms the Player would take approximately one week to proceed through the full rehabilitation protocol from Level 1. If any symptoms occur while going through the GRTP protocol, the Player must return to the previous stage at which he/she did not experience any symptoms and attempt to progress again after a minimum 24-hour period of rest has passed without the reappearance of any symptoms.

After Level 4 the Player resumes full contact practice and the Medical Practitioner and the Player must confirm that the Player can take part. Full contact practice equates to return to play for the purposes of concussion. However return to play itself shall not occur until Level 6 (Table 3).

Clearance to return to play by a Medical Practitioner should always be sought. However, there may be occasions (which will be in extreme and rare situations) where a Player cannot access a Medical Practitioner to assess the Player for clearance to resume full contact practice. In these extreme and rare situations the Union having jurisdiction over the Player must put in place processes and mechanisms which will only permit Players to resume full contact practice when it is safe to do so. These processes and mechanisms may vary from Union to Union.

Adolescents and children must have clearance from a Medical Practitioner before they can return to play.

Diagram 3
**Stage 2:
Graduated Return
to Play**
**For those where
the GRTP
protocol is not
managed by a
Medical
Practitioner**


IRB Concussion Guidelines

It is recognised that Players will want to return to play as soon as possible following a concussion. Players, coaches, management, parents and teachers must exercise caution to:

- a. Ensure that all symptoms have subsided;
- b. Ensure that the GRTP protocol is followed; and
- c. Ensure that the advice of Medical Practitioners (and where applicable Healthcare Professionals) is strictly adhered to.

In doing so, all concerned can reduce the risk to a Player's career longevity and long term health.

All involved in the process of concussion management (including those mentioned above) must be vigilant for the return of symptoms (including depression and other mental health issues) after a concussive incident even if the GRTP has been successfully completed. If symptoms re-occur the Player must consult a Medical Practitioner and those involved in the process of concussion management and/or aware of the return of symptoms should do all they can to ensure that the Player consults a Medical Practitioner as soon as possible.

Definitions

"GRTP" means graduated return to play.

"Healthcare Professional" means an appropriately-qualified and practising physiotherapist, nurse, osteopath, chiropractor, paramedic, athletic trainer (North America) who has been trained in the identification of concussion symptoms and the management of a concussed Player.

"Medical Practitioner" means a doctor of medicine.

"Player" means a player of the Game who is a non-contract Player or a contract Player.

IRB Concussion Guidelines – Issued 24 May 2011

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