

Each Time Out is recorded with the minute & second of when the time out is indicated by the referee.

Inner column cumulative score

Outer columns: Player numbers

Change positions when the teams change side at half time.

Family name of player and first name or initials. Captain shall be incicated with a (C) next to the name, and female players with an (F)

WWR OFFICIAL SCORESHEET

					1st half						2nd half						OVERTIME	
					A	M	B	A	M	B	B	M	A	B	M	A		M
Tournament: 2020 Test Event					9	1	7	7	16	2	X	22	17	X			X	X
Date: 1/1/2020 Time: 18:00					24	1	4	8	17	1	1	23	7					
Team A: Barbados					13	2	3			1	20	1		20	18	9		
#	Player's Name	Cl.	S4	Time Out	6	32	6	2	1	0	21	7	1	1	19	13		
3	Holdout, M	1.0	X	1st Half	9	3	12			12	22	1	6	20	10			
5	Ambush, C	1.0		1	5	58	3	1					7	24	20			
6	Loading, C	1.5	X	2	0	27	55	4	7				1	25	5			
7	Smith, D	2.0		3	P9	4	38						0	21	13			
8	Sober, G (C)	2.0		2nd Half			25	5	1				26	3	42			
9	Johnson, Z	2.0		1	13	5	5						12	22	P13			
10	Harrold, S (F)	2.5	X	2	4	30	6	1					P1	27	1			
13	Harris, C	3.0	X	3	1	27	10	7	12				22	23	13			
Coach : Wright, I M					3	42	8	7					P7	28	3			
Assistant: Headgear, B					9	6	4						0	27	24	9		
Team B: Burundi					2	47	9	1					7	27	25	13		
#	Player's Name	Cl.	S4	Time Out	13	9	2						1	29	2			
1	COVERT, Chris	3.0	X	1st Half	7	28	12	4					6	30	26	9		
3	SCROEDER, Sam	3.5	X	1	1	27	3						4	57	27	9		
4	POREBSKI, Pat	2.5		2	6	32	13	12					3	30	29	3		
6	ARSENAULT, Andy	1.5		3	13	11	12						0	27	30	7		
7	DAMIANO, Dieter	2.0		2nd Half	5	58	14	P4										
9	SVELTE, Sven (C)	0.5	X	1	4	30	55						1	32	29	3		
12	O'MALLEY, Omar	2.0		2	1	32	38	15	14									
14	VOLKOV, Vladimir	1.0	X	3	0	27	P9	13	25									
15	YAKUSHEV, Yuri	2.0		OT			5	16	12									
Coach : Ian Ryan					4	30	17	14										
Assistant: James Fish					13	14	10											
					10	15	4											
					2	47	18	15										
					0		19	4										

Carry the score over from the end of the first half.

For the first try of each minute add the minute & second when the try is scored, otherwise just enter second the try scored.

Since the scoresheet is the only record of the game, all information concerning each player and the team must be verified prior to the start of the game, as stipulated in the rules.

All scores and time outs shall be recorded in red pen in the 1st, 3rd & overtime periods. Black pen shall be used in the 2nd, 4th periods, and to fill in team/officials names and final results at the bottom of the sheet.

The scorekeeper should draw a double line at the end of each quarter and overtime period in the same colour used in that period. In addition they must inscribe the score of each period in the appropriate box below.

At the end of the game when the results are final the scorer shall draw two diagonal lines through each column to block out any chance of scores being added.

Referee 1 should verify, at the end of each period, that all information recorded during the game is correct and initial the scoresheet at half time.

Penalty Try Indictaed by a 'P' before the players number

Player Classification

Unused timeouts will be crossed off at the end of the half or OT period with two paraelle lines.

Starting 4 Players marked with 'X' by the coach A then coach B, a min of 10 mins prior to tip off.

All Officials names should be printed prior to the start of the game. Referee 1 will also give the scoresheet a final check at the end of the game and sign it.

SCORE

PERIOD :	1	2	3	4	O.T.	FINAL
TEAM A :	9	8	7	6	/	30
TEAM B :	11	11	6	3	/	31
REF 1 :						

WINNING TEAM : Burundi

USWRA PENALTY RECORD SHEET

United States Wheelchair
Rugby Association

TOURNAMENT:

DATE:

TEAM A:

TEAM B:

COLOUR:

COLOUR:

CONTACT BEFORE THE WHISTLE WARNING

	Period	Time	No.
1st Half:			
2nd Half:			

	Period	Time	No.
1st Half:			
2nd Half:			

	Time	Period	Team A/B	Player #	Common Foul	Technical Foul	Flagrant Foul	Disqualifying Foul
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								

REFEREE 1 NAME:

SIGNATURE:

PENALTY TIMEKEEPER:

PENALTY RECORD SHEET

United States
Wheelchair Rugby
Association

TOURNAMENT: 2020 Test Event **DATE:** 1st Jan 2020

TEAM A: Barbados **TEAM B:** Burundi

COLOUR: Red **COLOUR:** Blue

CONTACT BEFORE THE WHISTLE WARNING								
	Period	Time	No.		Period	Time	No.	
1st Half:				Contact Before the Whistle Warning is not used in the USWRA	2	2.31	12	
2nd Half:								

	Time	Period	Team A/B	Player #	Common Foul	Technical Foul	Flagrant Foul	Disqualifying Foul
1	5:15				X			
2	4:40				X			
3	3:22	1	B	15	X			
4								
5								
6	6:12	2	B	1				X
7	3:51	2	A	6			X	
8	3:30	2	A	6			X	
9	0:55	2	A					X
10	7:05	3	A					
11	5:12	3	B			X		
12	3:40	3	A	9	X			
13	1:48	3	A	4	X			
14	6:16	4	A	6	X			
15	4:39	4	B	14	X			
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								

1st Step - Record the time the penalty starts to be served.

2nd Step - Record the Period, Team A/B and the Player number.

3rd Step - Indicate the appropriate penalty with an 'X'

Flagrant will be indicated with an 'X' in the 2-3 boxes based on the flagrant with 2 or 3 penalties served.

Only indicate penalties served on this sheet.

At the end of the game when the results are final the penalty timekeeper shall draw two diagonal lines to block out any chance of penalties being added.

All Officials names should be printed prior to the start of the game. Referee 1 will also give the penalty sheet a final check at the end of the game and sign it.

REFEREE 1 NAME: B. Lopez **SIGNATURE:**
PENALTY TIMEKEEPER: J. Dean



UNITED STATES WHEELCHAIR RUGBY ASSOCIATION

Courtside Concussion Screen

This screen is to provide general guidance when a team or athlete is uncertain of next steps. This is not to be considered formal medical recommendations & any head/neck injury (at risk of possible concussion) should seek medical attention regardless of score. This form also serves to record injuries for insurance/tracking within the league.

If another injury occurred, please proceed and complete both screen tools.

Following suspected injury, remove the athlete & review the following and total up points to consider next steps for athlete involved:

Athlete Name: _____ Contact Number: _____

Team: _____

Tournament (Name/Date): _____

Impact Details (contact with floor/chair/other): _____

Penalty called: Yes/No Equipment Involved: Yes/No - Type _____

Screen Form completed by: _____

1 - Was the impact/injury observed? _____

 If yes, did it involve head or neck (1-2 pts) or not (0)

 If no, receive 1 pt by default

2 - Is the athlete reporting changes in headache, nausea, light sensitivity, sound sensitivity, or ringing in the ear? _____

 If yes, is there only one symptom (1 pt) or more than one symptom (2 pts)

 If no, 0 pt

3 - Is the athlete showing any change in visual function from baseline? _____

 Ex: difficulty following, blurry vision, dizziness, changes/asymmetry to pupil size, etc?

 If yes, is there only one symptom (1 pt) or more than one symptom (2 pts)

 If no, 0 pts

4 - Is the athlete showing any changes in cognitive function? _____

 Ex: dazed, sluggish, out of it, slower to respond to questions, etc?

 If yes, is there only one symptom (1 pt) or more than one symptom (2 pts)

 If no, 0 pts

5 - Does the athlete have any additional symptoms/complications? _____

 Ex: flushing, redness at contact, difficulty pushing chair, slurring speech, etc?

 If yes, is there only one symptom (1 pt) or more than one symptom (2 pts)

 If no, 0 pts

Total: _____ /9 points



UNITED STATES WHEELCHAIR RUGBY ASSOCIATION

Courtside Concussion Screen

If the number of points above are greater than or equal to 3, it is the recommendation that the athlete should seek medical care before determining clearance to play

No Go Signs:

If the athlete displays either loss of conscious or amnesia, they are not permitted to return to tournament play

No go sign present: _____ Yes/No

Recommendation: _____

(Suggestions: First aid, EMT, Urgent care, etc)

Action/treatment taken: _____

Performed by:

Follow up:

Athlete Decision/Action: _____

Athlete Signature: _____ (date/time)

Team Rep Signature: _____ (date/time)

Table/Form Complete by: _____ (date/time)

Tournament Director Received form: _____ (date/time)

To be completed by leadership:

Submitted to: _____ (commissioner@uswra.org)/(vp1@uswra.org)

Received on: _____ (date/time)

Entered in database: _____ (date/time)

Any additional notes/summary of follow up: _____



UNITED STATES WHEELCHAIR RUGBY ASSOCIATION

Courtside General Injury Screen

This screen is to provide general guidance when a team or athlete is uncertain of next steps. This is not to be considered formal medical recommendations & any injury of concern should seek medical attention regardless of score.

This form also serves to record injuries for insurance/tracking within the league.

If concussion is also considered, please proceed and complete both screen tools.

Following suspected injury, review the following and total up points to consider next steps for athlete involved:

Athlete Name: _____ Contact Number: _____

Team: _____

Tournament (Name/Date): _____

Details of injury (contact with floor/chair/other): _____

Penalty called: Yes/No Equipment Involved: Yes/No - Type _____

Screen Form completed by: _____

1 - Was the impact or injury observed? _____

 If yes, was it direct impact (1 pt) or indirect (0 pt)

 If no, receive 1 pt by default

2 - Did the impact occur below the level of injury (if athlete has SCI) ? _____

 If yes, 1 pt

 If no, 0 pt

3 - Does the athlete have intact sensation at the location of injury? _____

 If yes, 0 pt

 If no, 1 pt

4 - Are they showing any additional symptoms or changes to awareness/function? _____

Ex: flushing, dizziness, dazed, out of it, changes to blood pressure/lightheaded, etc

 If yes, is there only one symptom (1 pt) or more than one symptom (2 pts)

 If no, 0 pt

5 - Are there visible signs of injury complications? _____

Ex: Open wound, bleeding, redness, hot to the touch, swelling, etc ?

 *For bleeding or wounds, refer to MRSA/wound policy (unable to return until controlled)

 If yes, is there only one symptom (1 pt) or more than one symptom (2 pts)

 If no, 0 pt

Total: _____ /7 points



UNITED STATES WHEELCHAIR RUGBY ASSOCIATION

Courtside General Injury Screen

If the number of points above are greater than or equal to 4 it is the recommendation that the athlete must seek medical care before determining clearance to play.

Recommendation: _____

(Suggestions: First aid, EMT, Urgent care, etc)

Action/Treatment Taken: _____

Performed by: _____

Follow up:

Athlete Decision/Action: _____

Athlete Signature: _____ (date/time)

Team Rep Signature: _____ (date/time)

Table/Form Complete by: _____ (date/time)

Tournament Director Received form: _____ (date/time)

To be completed by leadership:

Submitted to: _____ (commissioner@uswra.org)/(vp1@uswra.org)

Received on: _____ (date/time)

Entered in database: _____ (date/time)

Any additional notes/summary of follow up: _____