



New Zealand JUNIOR Rugby Player 2015 NEW REGISTRATION

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IMPORTANT: YOU MUST COMPLETE ALL SECTIONS OF THE FORM AS ACCURATELY AS POSSIBLE. By completing this form you are covered under the New Zealand Rugby indemnity insurance scheme. The data gathered from this form allows your club, school, Provincial Union and New Zealand Rugby to better manage the game.

Which rugby organisations would you like to receive commercial emails from? For example, emails about priority access to test tickets or goods and services from sponsors (please tick)

- New Zealand Rugby
 Provincial Union
 Super Rugby Franchise
 Club/School

I understand that by signing this form, I am (or if in respect of a child under 18, that the above child is) agreeing to be bound by the constitution, regulations, bylaws and policies of the relevant Provincial Union with jurisdiction and control over the competition I am playing in and that I am also bound by the New Zealand Rugby Rules and Regulations by virtue of being deemed to be a 'person' as defined in those regulations.

CLUB/SCHOOL PLAYING FOR IN 2015: **PROVINCE:**

Club/School last played for: **Province:**
(if applicable)

Gender: (please tick) Male Female **Front Row Player:** Yes No

Ethnicity: (please tick one only) Maori NZ European Asian Pacific Islander Other

First Name: **Middle Name:**

Last Name: **Known As:**

DATE OF BIRTH / / (Date of Birth is IMPORTANT to ensure correct age grade team classifications)
Day Month Year

Email:

Telephone (H): **Telephone (W):**

Mobile:

Street Address:

Suburb: **Town/City:**

Post Code: **Weight (kg):** (applicable if playing in a weight restricted grade)

If playing for a club, which school do you go to? **School Year:**

If you are currently attending a secondary school is this your last year at school? (please tick) Yes No

Club/School Help: Are your parents/guardians interested in: (please tick) Coaching Committee Refereeing Transportation

Parents First Name: **Last Name:**

Medical: Please state any medical condition that your coach may need to be aware of:

Grade Playing this year - PLEASE CIRCLE ONE ONLY

Team Playing for this year: (if your club has more than one team in your grade)

Signature: _____ **Date:** _____

(Parent or Legal Guardian if child under 18 years and it is their first year of registration).
Coaches or teachers cannot sign on a player's behalf.

Office Use Only: Age verified Yes No Dispensation		
Name:	Designation:	