



New Zealand JUNIOR Rugby Player 2017 NEW REGISTRATION

www.communityrugby.co.nz - Home of New Zealand Community Rugby

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 and all Player Insurance Schemes. 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

CLUB/SCHOOL PLAYING FOR IN 2017: PROVINCE:

Club/School last played for:(if applicable) PROVINCE:

Gender: (please tick) Male Female

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

First Name: Middle Name:

Last Name:

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

Email:

Telephone (H):

Mobile:

Street Address:

Suburb: Town/City:

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

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

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

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

Grade Playing this year -

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:	

Name of Parent/ legal guardian: _____

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 rules and regulations.

Pursuant to the Privacy Act the following is brought to your attention. The New Zealand Rugby Union ("NZR Incorporated") uses this form to collect personal information for the purposes of (i) the general administration of the game of rugby, including statistical analysis and injury insurance and research, and (ii) the promotion of the game of rugby, including the marketing to rugby members by sponsors of the game of rugby. The information will be held by the rugby organisation that you play for and/or the Provincial Union that such organisation is affiliated to and/or the NZR. The information may also be provided (in whole or part) to other persons for the furtherance of the purposes stated above. You have rights to access (and correct) such personal information as provided for in the Privacy Act. Please contact the NZR in the first instance. Your signing of this form constitutes authorisation of the use and disclosure of the personal information in accordance with the purposes set out above. Failure to complete this form (or the provision of incorrect information) may result in your being ineligible for insurance cover arranged for rugby members by the NZR. Club/school registration co-ordinators are to return completed forms to their Provincial Rugby Football Union.