



New Zealand Rugby ADMINISTRATOR/VOLUNTEER 2016 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 insurance scheme. The data gathered from this form allows your club, school, Provincial Union and New Zealand Rugby to better manage the game. **NOTE: Coaches are required to complete a New Zealand Rugby Coach Registration Form.**

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.

RUGBY ORGANISATION IN 2016 :

PROVINCE:

Club/School last registered to:
(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: / /
Day Month Year

Email:

Telephone (H):

Mobile:

Street Address:

Suburb:

Town/City:

Post Code:

Current Roles at this organisation: (please tick)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Associate Referee | <input type="checkbox"/> Committee | <input type="checkbox"/> Team Manager _____ (team) |
| <input type="checkbox"/> Chairman | <input type="checkbox"/> Vice Chairman | <input type="checkbox"/> President | <input type="checkbox"/> Vice President |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Treasurer | <input type="checkbox"/> Board Member | <input type="checkbox"/> Club Manager |
| <input type="checkbox"/> Club Captain | <input type="checkbox"/> Senior Delegate | <input type="checkbox"/> JAB Delegate | <input type="checkbox"/> Groundsman |
| <input type="checkbox"/> Doctor | <input type="checkbox"/> Physio | <input type="checkbox"/> Strapper | <input type="checkbox"/> Judiciary |
| <input type="checkbox"/> Bar Staff | <input type="checkbox"/> Gear Custodian | <input type="checkbox"/> Spectator Services Other: (please specify) _____ | |

Signature: _____ **Date:** _____

Pursuant to the Privacy Act the following is brought to your attention. The New Zealand Rugby Union ("NZRU") 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 NZRU. 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 NZRU 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 NZRU. Club/school registration co-ordinators are to return completed forms to their Provincial Rugby Football Union.