

New Zealand JUNIOR Rugby Player 2016 NEW REGISTRATION

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

IMPORTANT: YOU MUST COMPLETE <u>ALL</u> **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

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 to better manage the game.

CLUB/SCHOOL PLAYING FOR IN 2016:		PROVINCE:		
Club/School last played for: (if applicable)		PROVINCE:		
Gender: (please tick)	9			
Ethnicity: (please tick one only)	NZ European 🛛 Asiar	n 🛛 Pacific Islander	□ Other	
First Name:		Middle Name:		
Last Name:		7		
DATE OF BIRTH		(Date of Birth is IMPO	RTANT to ensure correct	age grade team classification
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
If you are currently attending a secondary school is this your last year at school? (please tick)				
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 the	at your coach may need to b	e aware of:		
Grade Playing this year - PLEASE CIRCLE	ONE ONLY			
Team Playing for this year: (if your club has	more than one team in yo	ur grade)		
		Office Use O Dispensation	nly: Age verified	Yes No.
Signature:	Date:	Nama	Designati	

(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.

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 to 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**.