



New Zealand JUNIOR Rugby Player 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

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) ☐ 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

(Date of Birth is IMPORTANT to ensure correct age grade team classifications)

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) ☐ 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:

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: