



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 Referee Association, Provincial Union and New Zealand Rugby to better manage the game.

PROVINCE:

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

Day Month Year

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

Middle Name:

[illegible][illegible]

Suburb: **Town/City:**

Weight(kg):

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 (applicable if playing in a weight restricted grade)

Rippa Rugby

(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.