



New Zealand JUNIOR Rugby Player 2018 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 Player Accident Insurance Scheme. The data gathered from this form allows your club, school, Provincial Union, Super Rugby Club and New Zealand Rugby to better manage the game.

CLUB/SCHOOL PLAYING FOR IN 2018: 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 - PLEASE ADD ONE ONLY

Privacy: The New Zealand Rugby Union Incorporated ("NZR") uses this form to collect personal information for the purposes of (i) the general administration of the game of rugby by NZR, Super Rugby Clubs, Provincial Unions, clubs and schools, including managing registration, managing and dealing with injury and insurance matters, rugby-related communications, statistical analysis and research; and (ii) the promotion of the game of rugby, including ticketing offers and other marketing of the game of rugby ("Purposes"). NZR will hold your personal information on a national database and will make your personal information available to the rugby organisation (ie club or school) that you are registered with, the Provincial Union your rugby organisation is affiliated to, and (if applicable) the Super Rugby Club for your region, for the Purposes. Your personal information may also be made available to our service providers and other persons as NZR considers appropriate for the Purposes. You have rights to access (and correct) such personal information as provided for in the Privacy Act 1993. To do this, contact NZR at privacyofficer@nzrugby.co.nz. By completing and signing this form you authorise the collection, use and disclosure of your personal information for the Purposes. Failure to complete this form (or providing incorrect information) may result in your being ineligible to play rugby in New Zealand or for insurance cover arranged by or through NZR.

If you would like to receive commercial electronic messages from NZR, your Provincial Union, Super Rugby Club, club or school (for example, emails and text messages about priority access to tickets, other offers and promotions or goods and services from sponsors), please tick the relevant box below:

New Zealand Rugby Provincial Union Super Rugby Club Club/School

NOTE: Where the player is under 18, this form must be signed by a parent or guardian

Signature: _____ Date: _____

(Parent of legal guardian must Sign this form)

Note: Coaches or teachers cannot sign on a player's behalf.

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 World Rugby and New Zealand Rugby Rules and Regulations by virtue of being deemed to be a 'person' as defined in those rules and regulations.

CLUB/SCHOOL REGISTRATION CO-ORDINATORS ARE TO RETURN COMPLETED PAPER FORMS TO THEIR PROVINCIAL UNION.

Office Use Only: Age verified Dispensation	Yes	No.
Name:	Designation:	