New Zealand **JUNIOR** Rugby Player
2010 NEW REGISTRATION

www.nzrugby.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 NZRU indemnity insurance scheme. The data gathered from this form allows your Referee Association, Provincial Union and the NZRU to better manage the game.

CLUB/SCHOOL PLAYING FOR IN 2010: _____ **PROVINCE:** _____

Have you completed a NZRU registration form before? (please tick) ☐ Yes ☐ No

If Yes, Club/School last registered to: _____ **Province:** _____

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)

☐ NZRU ☐ RNZ2011 (Rugby World Cup) ☐ Provincial Union ☐ Referee Association ☐ Super Rugby Franchise ☐ Club/School

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

Gender: (please tick) ☐ Male ☐ Female

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

First Name: _____ **Middle Name:** _____

Last Name: _____ **Known As:** _____

Email: _____

Telephone (H): _____ **Telephone (W):** _____

Mobile: _____

Street Address: _____

Suburb: _____ **Town/City:** _____

Post Code: _____ **Weight(kg):** _____ (applicable if playing in a weight restricted grade)

If playing for a club, which school do you go to? _____

If you are currently attending a secondary school is this your last year at school? (please tick) ☐ Yes ☐ No
(This will enable your Provincial Union to assist you with finding a rugby club in 2009)

Club/School Help: Are your parents/guardians interested in: (please tick) ☐ Coaching ☐ Committee ☐ Refereeing ☐ Transportation

Parents First Name: _____ Last Name: _____

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) _____

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 NZRU Rules and Regulations by virtue of being deemed to be a 'person' as defined in those regulations.

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: .....

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 at PO Box 2172 Wellington. 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.