



New Zealand JUNIOR Rugby Player 2010 NEW REGISTRATION

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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

- | | | | | |
|---------------------|---------------------|---------------------|-------------------------|---------------------|
| 1XV | 2nd Grade | 3rd Grade | 4th Grade | 5th Grade |
| 6th Grade | 7th Grade | Primary School | Secondary Schools Girls | Under 10 |
| Under 10 Restricted | Under 11 | Under 11 Restricted | Under 12 | Under 12 Restricted |
| Under 13 | Under 13 Restricted | Under 14 | Under 14 Restricted | Under 15 |
| Under 16 | Under 17 | Under 6 | Under 7 | Under 8 |
| Under 8 Restricted | Under 9 | Under 9 Restricted | | |

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: