



# New Zealand JUNIOR Rugby Player 2012 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 2012:**  **PROVINCE:**

**Club/School last played for:**  **Province:**   
(if applicable)

**Gender:** (please tick)  Male  Female **Front Row Player:**  Yes  No

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

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

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

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

**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

**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)

**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  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 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.

<b>Office Use Only: Age verified</b> 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. 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. Club/school registration co-ordinators are to return completed forms to their Provincial Rugby Football Union.