

New Zealand Rugby 2019 JUNIOR PLAYER REGISTRATION

www.communityrugby.co.nz - Home of New Zealand Community Rugby

IMPORTANT: YOU MUST COMPLETE <u>ALL</u> 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.

rivacy: 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 lubs, Provincial Unions, clubs and schools, including managing registration, managing and dealing with injury and insurance matters, rugby-related communications, statistical analysis and research; and by 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 ryour region, for the Purposes. Your personal information may also be made available to our service providers and other personas as NZR considers appropriate for the Purposes. You have rights to access nad 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 surance 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	CLUB/SCHOOL PLAYING FOR IN 2019:	PROVINCE:	
Ethnicity: (please tak one only)	Club/School last played for:(if applicable)	PROVINCE:	
Last Name: DATE OF BIRTH	•		
DATE OF BIRTH Day Month Vear Email: Telephone (H): Mobile: Street Address: Street Address: Street Address: Town/City: Street Address: Weight(kg): Street Address: Weight(kg): Street Address: Weight(kg): Street Address: Weight(kg): School Year: If you are currently attending a secondary school is this your last year at school? (please lick) Yes No Club/School Help: Are your parents/guardians interested in: (please lick) Date: Medical: Please state any medical condition that your coach may need to be aware of: Medical: Please state any medical condition that your coach may need to be aware of: Medical: Please state any medical condition that your coach may need to be aware of: Medical: Please state any medical condition that your coach may need to be aware of: Medical: Please state any medical condition that your coach may need to be aware of: Medical: Please state any medical condition that your coach may need to be aware of: Medical: Please state any medical condition that your coach may need to be aware of: Medical: Please state any medical condition that your coach may need to be aware of: Medical: Please state any medical condition that your coach may need to be aware of: Medical: Please state any medical condition that your coach may need to be aware of: Medical: Please state any medical condition that your coach may need to be aware of: Medical: Please, we come to the please of the state of the market state of the state	First Name:	Middle Name:	
Email: Day Month Year	Last Name:		
Email: Telephone (H): Mobile:		(Date of Birth is IMPORTANT to ensure correct age grade team classifications)	
Mobile: Street Address: Suburb: Town/City: Post Code: Weight(kg): 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) Parent/Guardians First Medicat: Please state any medical condition that your coach may need to be aware of: Medicat: Please state any medical condition that your coach may need to be aware of: Medicat: Please state any medical condition that your coach may need to be aware of: Medicat: Please state any medical condition that your coach may need to be aware of: Weight (your grade) Weight (your g			
Street Address: Suburb: Town/City: Street Address: Suburb: Town/City: Supplicable if playing in a weight restricted) Flaying for a club, which school do you go to? Weight(kg): 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 Parent/Guardians First Medical: Please state any medical condition that your coach may need to be aware of: Beam Playing for this year: (if your club has more than one team in your grade) Firade Playing this year - PLEASE ADD ONE ONLY Interest	Telephone (H):		
Suburb:	Mobile:		
Post Code:	Street Address:		
If playing for a club, which school do you go to? School Year:	Suburb:	Town/City:	
If you are currently attending a secondary school is this your last year at school? (please tick)	Post Code: Weight	(kg): (applicable if playing in a weight restricted)	
Club/School Help: Are your parents/guardians interested in: (please tick)	If playing for a club, which school do you go to?	School Year:	
Parent/Guardians First Medical: Please state any medical condition that your coach may need to be aware of: Medical: Please state any medical condition that your coach may need to be aware of: Parent/Guardians First Last Medical: Please state any medical condition that your coach may need to be aware of: Parent/Guardians First Medical: Please state any medical condition that your coach may need to be aware of: Parent/Guardians First Medical: Please state any medical condition that your coach may need to be aware of: Parent/Guardians First Last Medical: Please state any medical condition that your coach may need to be aware of: Parent/Guardians First Medical: Please state any medical condition that your coach may need to be aware of: Parent/Guardians First Last Medical: Please state any medical condition that your coach may need to be aware of: Parent/Guardians First Medical: Please state any medical condition that your coach may need to be aware of: Parent/Guardians First Last Medical: Please state any medical condition that your coach may need to the gene of rugby by NZR, Super Rugby Club, be promoted to the gene of rugby hy NZR, Super Rugby Club condition available to the rugby organisation in for the parent of your person and information any also be made available to our service provides and other persons as NZR considers appropriate 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 surance 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	If you are currently attending a secondary school is this your last year	at school? (please tick) ☐ Yes ☐ No	
Medical: Please state any medical condition that your coach may need to be aware of: Beam Playing for this year: (if your club has more than one team in your grade)	Club/School Help: Are your parents/guardians interested in: (please tick)	☐ Coaching ☐ Committee ☐ Refereeing ☐ Transportation	
eam Playing for this year: (if your club has more than one team in your grade) irrade Playing this year - PLEASE ADD ONE ONLY rivacy: 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 lubs, Provincial Unions, clubs and schools, including tacketing offers and other marketing of the game of rugby ("Purposes"). NZR will hold your personal information on a national database and will make your resonal information available to the rugby replacement on a provincial Union available to the rugby organisation (is dulio a robod) that you are registered with, the Provincial Union your rugby organisation is affiliated to, and (if applicable) the Super Rugby Club ryour 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 nights to access not correct, such personal information as provided for in the Privacy Act 1993. To do this, contact NZR at privacyforice@nzrugby,conz. Sy completing and signing this form you authorise the collection, see 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 surance 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	Parent/Guardians First	Last	
trivacy: 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 ubs, Provincial Unions, clubs and schools, including managing registration, managing and dealing with injury and insurance matters, rugby-related communications, statistical analysis and research; and 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 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 your personal information approved dear in the Purposes. To do this, contact NZR at privoider@nzugby.conz. By completing and signing this form you authorise the collection, see 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 surance 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 This registration will be deemed to take effect from the earliest of the date you start participating in rugby after 1 September 2018, the date of registration or 1 January 2019 and will expire on 31 March 2020. NOTE: As the player is under 18, this form must be signed by a parent or guardian Office Use Only: Age verified Yes No. Dispensation	Medical: Please state any medical condition that your coach may need to be a	ware of:	
trivacy: 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 ubs, Provincial Unions, clubs and schools, including managing registration, managing and dealing with injury and insurance matters, rugby-related communications, statistical analysis and research; and 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 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 your personal information approved dear in the Purposes. To do this, contact NZR at privoider@nzugby.conz. By completing and signing this form you authorise the collection, see 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 surance 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 This registration will be deemed to take effect from the earliest of the date you start participating in rugby after 1 September 2018, the date of registration or 1 January 2019 and will expire on 31 March 2020. NOTE: As the player is under 18, this form must be signed by a parent or guardian Office Use Only: Age verified Yes No. Dispensation			
rivacy: 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 lubs, Provincial Unions, clubs and schools, including managing registration, managing and dealing with injury and insurance matters, rugby-related communications, statistical analysis and research; and 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 sroonal information available to the rugby organisation (is club or school) that you are registered with, the Pouroses. NZR will hold your personal information on a national database and will make your sroonal information appropriate for the purposes. You 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 correctly such personal information approvided for in the Privacy Act 1993. To do this, contact NZR at privacy, place personal information on 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 surance 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		ide)	
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 This registration will be deemed to take effect from the earliest of the date you start participating in rugby after 1 September 2018, the date of registration or 1 January 2019 and will expire on 31 March 2020. NOTE: As the player is under 18, this form must be signed by a parent or guardian Office Use Only: Age verified Yes No. Dispensation Dispensation	ubs, Provincial Unions, clubs and schools, including managing registration, managing and dealing with injury and insurance matters, rugby-related communications, statistical analysis and research; and 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 responsion 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 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, see 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		
This registration will be deemed to take effect from the earliest of the date you start participating in rugby after 1 September 2018, the date of registration or 1 January 2019 and will expire on 31 March 2020. NOTE: As the player is under 18, this form must be signed by a parent or guardian Signature: Note: Coaches or teachers cannot sign on a player's behalf. Office Use Only: Age verified Dispensation Office Use Only: Age verified Dispensation	about priority access to tickets, other offers and promotions or goods and services from	sponsors), please tick the relevant box below:	
Signature: Date: Note: Coaches or teachers cannot sign on a player's behalf Date: Date: Date: Date: Date: Date: Date:	This registration will be deemed to take effect from the earliest of the date you start participatin will expire on 31 March 2020.		
Name of Parent/ legal guardian:	Signature: Date: Note: Coaches or teachers cannot sign on a player's behalf.	Dispensation –	

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 abide 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 constitution, regulations, bylaws and policies including 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.