

New Zealand RIPPAs RUGBY Player 2017/2018 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 New Zealand Rugby indemnity and all Player Accident Insurance Schemes. The data gathered from this form allows your club, school, Provincial Union and New Zealand Rugby to better manage the game.

**CLUB/SCHOOL PLAYING FOR IN
2017/2018:**

PROVINCE:

Have you completed a New Zealand Rugby Registration Form before? (please tick) Yes No

DATE OF BIRTH ____/____/____
Day Month Year

Gender: (please tick) Male Female

(Date of Birth is IMPORTANT to ensure correct age grade team classifications)

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

First Name:

Middle Name:

Last Name:

Email:

Telephone (H):

Mobile:

Street Address:

Suburb:

Town/City:

Post Code:

Grade Playing this year -

Rippa Rugby

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.

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

Pursuant to the Privacy Act the following is brought to your attention. The New Zealand Rugby Union ("NZR Incorporated") 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 NZR. 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 NZR 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 NZR. Club/school registration co-ordinators are to return completed forms to their Provincial Rugby Football Union.