New Zealand®
RUGBY UNION

New Zealand **SENIOR** Rugby Player
2008 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 club, school, Provincial Union and the NZRU to better manage the game.

CLUB/SCHOOL PLAYING FOR IN 2008: _____ **PROVINCE:** _____

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

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

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

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

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

Email: _____

Street Address: _____

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

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

Mobile: _____

Gender: (please circle) Male Female **Weight (kg):** ___ (only applicable if playing in a weight restricted grade)

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

Which rugby organisations do you consent to receiving commercial messages from? Includes offers such as priority access to Test tickets or goods and services from sponsors: (please circle) NZRU Provincial Union Referee Association Super 14 Franchise Club/School

Have you been playing for a club overseas in the past year? (please circle) Yes No

If you are moving province in 2009, which province will you be moving to? _____

(This will enable your new Provincial Union to assist you with finding a rugby club in 2009)

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 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:** _____

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.