

# RUGBY FOOTBALL UNION

## YOUNG PLAYER REGISTRATION FORM

RFU Registration Number (if known):

This form should be completed for all players within the club who have **NOT** previously registered with the RFU, are re-registering or have data amendments. Please complete each section in **BLOCK CAPITALS** and return to your Club Registration Officer along with **TWO** passport size photographs. Please tick where appropriate  New Registration  Re-registration  Data Amendment  Club Transfer

<b>First Names:</b>	<b>Surname:</b>	<b>D.O.B.:</b>
<b>Home Address:</b>		<b>Postcode:</b>
<b>Male/Female</b>	<b>Home Tel:</b>	<b>Mobile Tel:</b>
<b>Email address:</b>		
<b>Ethnic Origin</b> (Please tick (✓) where appropriate):-		
<input type="checkbox"/> White: British	<input type="checkbox"/> Mixed: White & Black Caribbean	<input type="checkbox"/> Asian and Asian British: Indian
<input type="checkbox"/> White: Irish	<input type="checkbox"/> Mixed: White & Black African	<input type="checkbox"/> Asian and Asian British: Pakistan
<input type="checkbox"/> White: Other	<input type="checkbox"/> Mixed: White & Asian	<input type="checkbox"/> Asian and Asian British: Bangladesh
<input type="checkbox"/> Chinese	<input type="checkbox"/> Mixed: Other	<input type="checkbox"/> Asian and Asian British: Other
<input type="checkbox"/> Black or Black British: Caribbean	<input type="checkbox"/> Black or Black British: Africa	<input type="checkbox"/> Black or Black British: Other
<input type="checkbox"/> Other Ethnic Group		
Previous Rugby Club (if any)	<b>Representative Playing History</b> (please give dates etc., using a separate sheet if necessary)	
<b>Playing Position:</b> <input type="checkbox"/> Unspecified <input type="checkbox"/> Front Row <input type="checkbox"/> Forward <input type="checkbox"/> Back	<b>Plays at school:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Medical Conditions/allergies</b> (Asthma, Epilepsy, Allergic to penicillin) Please give full details using separate sheet if necessary: (Completing this section is not obligatory but the RFU in the interests of child safety strongly recommend that you do so).		
<b>Name of Parent/Guardian:-</b>		
<b>Address of Parent/Guardian</b> (if different from above):		<b>Postcode:</b>
<b>Contact Telephone Number:</b>	<b>Email address:</b>	
<b>School/Education Establishment Name and Address:</b>		
Contact Number:	Postcode:	
<b>DATA PROTECTION</b>		
The RFU will not pass your personal data to any third parties without your consent.		
The RFU will use the data you have provided for regulatory reasons [and for the purposes of your participation in rugby [and giving you relevant information by post about rugby (including information about community rugby initiatives, coaching courses.)]]. The RFU may also use your personal data for the following purposes:		
<ul style="list-style-type: none"> <li>• to send you by electronic mail (including email, SMS or image messages etc) other information about tickets (including tickets for the 2015 Rugby World Cup), products, special offers, opportunities and other services provided by the RFU and its group which may be of interest to you. Tick here if you do not want to receive such information. <input type="checkbox"/></li> <li>• to send you by electronic mail (including email, SMS or image messages etc) information about our official sponsors, related organisations and any associated companies and other carefully selected organisations and their products and services which may be of interest to you. Tick here if you want to receive such information. <input type="checkbox"/></li> </ul>		
I declare that the above is correct. In signing this form I agree that the above named player can be bound by the laws and resolutions of the Rugby Football Union and its constituent body and the rules of:		
-----		Rugby Football Club
PLEASE STATE CURRENT CLUB		
The club may wish to take photos or videos of the team or players solely for promotion and celebration of club and RFU activities and training purposes. Please indicate if this is acceptable to you: <input type="checkbox"/> YES <input type="checkbox"/> NO. Please share any additional information with the club Safeguarding Officer.		
Signed (player):	Date:	
Signed (parent / guardian):	Date:	
Countersigned (Club Official):	Date:	