



☐ New Zealand RIPPAs RUGBY Player 2017 NEW REGISTRATION

www.communityrugby.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 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:

PROVINCE:

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

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

Gender: (please tick) ☐ Male ☐ Female

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 - PLEASE CIRCLE

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.