



New Zealand Rugby COACH 2017 NEW REGISTRATION

www.coachingtoolbox.co.nz – for coaching support and resources

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 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.

Which rugby organisations would you like to receive commercial emails from? For example, emails about priority access to test tickets or goods and services from sponsors (please tick)

☐ New Zealand Rugby ☐ Provincial Union ☐ Super Rugby Franchise ☐ Club/School

CLUB/SCHOOL COACHING FOR IN 2017:

PROVINCE:

Club/School last registered to:
(if applicable)

Province:

Gender: (please tick) ☐ Male ☐ Female

Ethnicity: (please tick one only)

☐ Maori

☐ NZ European

☐ Asian

☐ Pacific Islander

☐ Other

First Name:

Middle Name:

Last Name:

DATE OF BIRTH:

(Date of Birth is IMPORTANT to prevent duplicate entries on the database)

Email:

Telephone (H):

Mobile:

Street Address:

Suburb:

Town/City:

Post Code:

Club/School Help: Are you also interested in: (please tick)

☐ Committee

☐ Refereeing

☐ Transportation

Please indicate what area you prefer to coach: (tick both if either)

☐ Forwards

☐ Backs

☐ Team manager

Grade(s) Coaching this year

If coaching players aged 12 and under, please refer to the letter provided at your course and complete the NZ Police Vetting Consent Form over the page.

Team(s) Coaching this year:

(if your club/school has more than one team in your grade)

I understand that by signing this form, I am agreeing to be bound by the constitutions, bylaws and policies of the relevant Provincial Union with control and jurisdiction over the competition the team(s) I coach 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 regulations. By signing below I also acknowledge that I have read and agree to the New Zealand Rugby Coach Code of Ethics. Further information about the code is available from your Provincial Union Rugby Development Officer.

Signature:

Date:

Provincial Union Use Only - Course Attendance (please tick):	
<input type="checkbox"/> RugbySmart Presentation	Date:
<input type="checkbox"/> Beginning Rugby (U6-U7)	Date:
<input type="checkbox"/> Learning Rugby (U8-U10)	Date:
<input type="checkbox"/> Playing Rugby (U11-U13)	Date:
Name: Designation:	

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