

# RUGBY FOOTBALL UNION

## YOUNG PLAYER REGISTRATION FORM

RFU Registration Number (if known)

Please complete each section in **BLOCK CAPITALS** and return it to your Club Registration Officer

**WITH TWO PASSPORT SIZE PHOTOGRAPHS**

Please tick where appropriate

**New Registration**  **Re-registration**  **Data Amendment**  **Club Transfer**

<b>Surname:</b>	<b>First Names:</b>	<b>D.O.B.:</b>
<b>Home Address:</b>		
<b>Postcode:</b>		
<b>Male</b> <input type="checkbox"/>	<b>Female:</b> <input type="checkbox"/>	<b>Contact Telephone Number(s):</b>
<b>Ethnic Origin</b> (Tick where appropriate):-		<b>I have attended an Active Sports Rugby course.</b>
Afro-Caribbean <input type="checkbox"/>	UK European/Irish <input type="checkbox"/>	<b>YES / NO</b>
U.K. Asian <input type="checkbox"/> U.K. Afro-Caribbean <input type="checkbox"/>	Other European <input type="checkbox"/> Other <input type="checkbox"/>	
<b>Name of Parents/Guardians:-</b>		
<b>Address of Parents/Guardians</b> (if different from above):		
Contact Telephone Number:		Postcode:
<b>School/Education Establishment Name and Address:</b>		
Contact Number:		Postcode:
<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).		
Previous Rugby Club (if any)	<b>*Representative Playing History</b> (please give dates, etc., using a separate sheet if necessary) * (please tick position played)	
Tight Head <input type="checkbox"/>	Hooker <input type="checkbox"/>	Loose Head <input type="checkbox"/>
Left Lock <input type="checkbox"/>	Right Lock <input type="checkbox"/>	
Blindside Flanker <input type="checkbox"/>	Openside Flanker <input type="checkbox"/>	Number Eight <input type="checkbox"/>
Scrum Half <input type="checkbox"/>	Stand Off <input type="checkbox"/>	
Left Wing <input type="checkbox"/>	Inside Centre <input type="checkbox"/>	Outside Centre <input type="checkbox"/>
Right Wing <input type="checkbox"/>	Full Back <input type="checkbox"/>	
<b>Name of Current Club :</b>		
I declare that the above is correct. In signing this form I declare that the above named player is bound by the laws and resolutions of the Rugby Football Union and its constituent body and the rules of the above named club		
<b>Signed (player)</b>		
<b>Signed (parent / guardian)</b>		
<b>Countersigned (Club Official)</b>		

**Data Protection:** The information above will be held for registration purposes only and will not be made available to any person outside the RFU 10/2000