

# 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 been registered with the RFU.

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>Surname:</b>		<b>First Names:</b>		<b>D.O.B.</b>	
<b>Home Address:</b>					
Postcode:					
<b>Male/Female</b>			<b>Contact Telephone Number(s)</b>		
<b>Ethnic Origin</b> (Tick where appropriate):- Afro Caribbean <input type="checkbox"/> U.K. European/Irish <input type="checkbox"/>					
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 Parent/Guardian:-</b>					
<b>Address of Parent/Guardian</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 below)			
<b>Playing Position:</b> 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"/>					
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					
Signed (player):			Date:		
Signed (parent / guardian):			Date:		
Countersigned (Club Official):			Date:		

Date: .....