

New Player	<input type="checkbox"/>
Change of Details	<input type="checkbox"/>



SRU Registration No:
_____

## PLAYER REGISTRATION FORM

Please complete, tick all relevant boxes and return to Player Registration at Scottish Rugby Union, Murrayfield, Edinburgh, EH12 5PJ. If you have any questions, please call 0131 346 5162. Form must be signed by player/parent or guardian\* and a Club Official/Head Teacher.

### 1. Personal Details: (Please print clearly)

Forename: \_\_\_\_\_ Surname: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

M/F: \_\_\_\_\_ Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_

Town/City: \_\_\_\_\_ Postcode: \_\_\_\_\_ Contact Tel: \_\_\_\_\_  
(inc. code)

Email: \_\_\_\_\_ Name of Parent/Guardian\*: \_\_\_\_\_

Contact no: \_\_\_\_\_ Email/postal address \_\_\_\_\_  
(if different from above)

### 2. Eligibility to play for Scotland:

Place of Birth: \_\_\_\_\_

If **not** Scotland are you eligible through one of the following:-

Parent/Grandparent born in Scotland ☐ Permanent Residency (3yrs+) ☐ Have not played Rep. rugby for any other country ☐

### 3. Rugby Club/School of which you are a playing member:

Rugby Club: \_\_\_\_\_

School: \_\_\_\_\_ Do you play rugby at this school? **Yes/No**

**Position:** (tick all that apply) **Non-Position Specific** ☐

Tight Head ☐ Hooker ☐ Loose Head ☐ Left Lock ☐ Right Lock ☐ Blindside Flanker ☐ Openside Flanker ☐  
Number Eight ☐ Scrum Half ☐ Stand Off ☐ Left Wing ☐ Inside Centre ☐ Outside Centre ☐ Right Wing ☐ Full Back ☐

### 4. Declaration:

I declare that the above information is correct. In signing this form I agree that the above named player shall be bound by the regulations, bye-laws, general regulations and directives of the International Rugby Board and the bye-laws and resolutions of the Scottish Rugby Union and the rules of the player's club. I understand that this form, which includes personal data about the above named player for the purposes of the Data Protection Act 1998 ("the Act"), will be kept by Scottish Rugby Union plc ("the SRU"). As well as being held by the SRU, I understand that this data will be processed by the SRU in the following ways: disclosure to medical advisers and other lawful third parties; and disclosure to rugby clubs (including non-affiliates of the SRU), all within the terms of the lawful purposes specified in the SRU's notification to the Information Commissioner under the Act, and I consent to this processing.

Agreed by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Player or Parent/Guardian if Under 16 years of age

Agreed by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Club Official/Head Teacher)

\*If player under 16