

# YOUNG PLAYER REGISTRATION FORM

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** with a ball point pen and return to your Club Registration Officer along with **FOUR** passport size photographs.

**\* New Registration / Re-Registration / Data Amendment / Club Transfer \* (\*circle and delete as required)**

Surname:	First Names:
Home Address: Postcode: Home/Contact Telephone Number:	
Date of Birth:	Male/Female:
Name of Parent/Guardian:	Address of Parent/Guardian: (if different from above)
Postcode:	Contact Telephone Number:
Name & Address of School/Education Establishment Telephone Number: Postcode:	
Medical Conditions/Allergies (Asthma, Epilepsy, Allergic to Penicillin etc) - Please give full details using a separate sheet if necessary: (Completing this section is not obligatory but the RFU in the interests of child safety strongly recommend that you do)	
Representative Playing History: (please give dates etc.	Playing Position: Previous Rugby Club (if any):
<p>I declare that the above information is correct. In signing this form I agree that the above named player can be bound by the laws and resolution of the Rugby Football Union and its Constituent Bodies and the rules of;</p> <p>..... Rugby Football Club</p>	
<b>PLEASE STATE CURRENT CLUB</b>	
Signed (player): Date:	
Signed (parent / guardian): Date:	
Countersigned (Club Official): Date:	

## Data Protection

The information contained above will be held for registration purposes only and will not be made available to any person outside the Rugby Football Union.