

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**

Surname:	First Names:	D.O.B
Home Address		
Male/Female		
Contact Telephone Number(s)		
Ethnic Origin (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"/>		
Name of Parent/Guardian:-		
Address of Parent/Guardian (if different from above) :		
Contact Telephone Number:		Post Code:
School/Education Establishment Name and Address:		
Contact Number:		Post Code:
Medical Conditions/allergies (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 interest of child safety strongly recommend that you do so).		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">Previous Rugby Club (if any)</div>	* Representative Playing History (Please give dates etc. using separate sheet if necessary) *(Please tick position played below)	
Playing Position: 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:		
----- PLEASE STATE CURRENT CLUB		Rugby Football Club
Signed (Player);		Date:
Signed (Parent/guardian);		Date:
Signed (Club Official);		Date:

DATA PROTECTION

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

Please keep the original and send a photocopy to Jane Cliff – Cheshire Youth Registrar at: 1 Alcumlow Cottage, Astbury, Congleton, Cheshire.

CW12 4TJ