

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 **ONE, HEAD AND SHOULDERS PHOTOGRAPH** that will be digitally copied

New Registration Re-registration Data Amendment Club Transfer

Please tick as appropriate

Surname		First Names		D.O.B.	
Home Address					
Postcode					
Male <input type="checkbox"/> Female <input type="checkbox"/>		Contact Home phone Mobile phone eMail (if opened regularly)			
Ethnic Origin Afro-Caribbean <input type="checkbox"/> U.K. Afro-Caribbean <input type="checkbox"/> U.K. Asian <input type="checkbox"/> UK European/Irish <input type="checkbox"/> Other European <input type="checkbox"/> Other <input type="checkbox"/>		I have attended an Active Sports Rugby course YES / NO			
Name of Parents/Guardians					
Address of Parents/Guardians (if different from above)					
Contact Telephone Number				Postcode	
School/Education Establishment					
Name and Address					
Contact Telephone Number				Postcode	
Medical Please give details of Asthma, Epilepsy, Allergies, Migraine/Chronic Headache, Broken Bones or Other Injury/Issue that has prevented participation in sport for more than one week. In the interests of child safety, both the RFU and Shrewsbury RUFC strongly recommend you provide all relevant medical information.					
If you indicate a medical issue, Shrewsbury RUFC will send you a further questionnaire to complete.					
Previous Rugby Club (if any)		Representative Playing History - please give dates etc using a separate sheet and tick position(s) 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"/>	
Name of Current Club					
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.					
Signed (Player)					
Signed (Parent/Guardian)					
Countersigned (Club Official)					