New Zealand Rugby **ADMINISTRATOR/VOLUNTEER**

2018 NEW REGISTRATION

www.communityrugby.co.nz - Home of New Zealand Community Rugby

IMPORTANT: YOU MUST COMPLETE ALL SECTIONS OF THE FORM AS ACCURATELY AS POSSIBLE. By completing this form you are covered under the New Zealand Rugby Player Accident Insurance Scheme. The data gathered from this form allows your club, school, Provincial Union, Super Rugby Club and New Zealand Rugby to better manage the game. **NOTE: Coaches are required to complete a New Zealand Rugby Coach Registration Form.**

RUGBY ORGANISATION IN 2018 : _____ **PROVINCE:** _____

Club/School last registered to: _____ **Province:** _____
(if applicable)

Gender: (please tick) ☐ Male ☐ Female

Ethnicity: (please tick one only) ☐ Maori ☐ NZ European ☐ Asian ☐ Pacific Islander ☐ Other

First Name: _____ **Middle Name:** _____

Last Name: _____

DATE OF BIRTH: ____ / ____ / ____ (Date of Birth is IMPORTANT to prevent duplicate entries on the database)
Day Month Year

Email: _____

Telephone (H): _____ **Telephone (W):** _____

Mobile: _____

Street Address: _____

Suburb: _____ **Town/City:** _____

Post Code: ____

Current Roles at this organisation: (please tick)

☐ Administrator ☐ Associate Referee ☐ Committee ☐ Team Manager _____ (team)

☐ Chairman ☐ Vice Chairman ☐ President ☐ Vice President

☐ Secretary ☐ Treasurer ☐ Board Member ☐ Club Manager

☐ Club Captain ☐ Senior Delegate ☐ JAB Delegate ☐ Groundsman

☐ Doctor ☐ Physio ☐ Strapper ☐ Judiciary

☐ Bar Staff ☐ Gear Custodian ☐ Club Sponsor ☐ Spectator Services Other: (please specify)_____

Privacy: The New Zealand Rugby Union Incorporated ("**NZR**") uses this form to collect personal information for the purposes of (i) the general administration of the game of rugby by NZR, Super Rugby Clubs, Provincial Unions, clubs and schools, including managing registration, managing and dealing with injury and insurance matters, rugby-related communications, statistical analysis and research; and (ii) the promotion of the game of rugby, including ticketing offers and other marketing of the game of rugby ("**Purposes**"). NZR will hold your personal information on a national database and will make your personal information available to the rugby organisation (ie club or school) that you are registered with, the Provincial Union your rugby organisation is affiliated to, and (if applicable) the Super Rugby Club for your region, for the Purposes. Your personal information may also be made available to our service providers and other persons as NZR considers appropriate for the Purposes. You have rights to access (and correct) such personal information as provided for in the Privacy Act 1993. To do this, contact NZR at privacyofficer@nzrugby.co.nz. By completing and signing this form you authorise the collection, use and disclosure of your personal information for the Purposes. Failure to complete this form (or providing incorrect information) may result in your being ineligible to play rugby in New Zealand or for insurance cover arranged by or through NZR.

If you would like to receive commercial electronic messages from NZR, your Provincial Union, Super Rugby Club, club or school (for example, emails and text messages about priority access to tickets, other offers and promotions or goods and services from sponsors), please tick the relevant box below:

☐ New Zealand Rugby ☐ Provincial Union ☐ Super Rugby Club ☐ Club/School

NOTE: Where the administrator is under 18, this form must be signed by a parent or guardian.

Signature: _____ **Date**: _____

I understand that by signing this form, I am (or if in respect of a child under 18, that the above child is) agreeing to be bound by the constitution, regulations, bylaws and policies of the relevant Provincial Union with jurisdiction and control over the competition I am involved with and that I am also bound by the World Rugby and New Zealand Rugby Rules and Regulations including by virtue of being deemed to be a 'person' as defined in those rules and regulations.

If applicable, name of Parent/Legal Guardian: _____