PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS

DPP - PLAYER REGISTRATION FORM

2016-17 Season

 

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| FIRST NAME: |  | | | | | | | | | |
| LAST NAME: |  | | | | | | | | | |
| DATE OF BIRTH: |  | | PLACE OF BIRTH &  NATIONALITY: | | |  | | | AGE: |  |
| ADDRESS: |  | | | | | | | | | |
| POSTCODE: |  | | | | | | | | | |
| HOME TELEPHONE: |  | | | | | | | | | |
| MOBILE NO: |  | | | | | | | (RESPONSIBLE ADULT IF UNDER 18) | | |
| EMAIL ADDRESS: |  | | | | | | | (RESPONSIBLE ADULT IF UNDER 18) | | |
| CLUB: |  | | | | | COACH: | | |  | |
| RFU REGISTRATION NO: |  | | | | | PRIMARY POSITION: | | |  | |
| HEIGHT/WEIGHT: |  | CM | |  | KG | SECONDARY POSITION: | | |  | |
| TWITTER NAME: | (N.B. Not compulsory) | | | | | | | | | |
| SCHOOL: |  | | | | | RUGBY TEACHER EMAIL: | | |  | |
| RUGBY TEACHER: |  | | | | | TELEPHONE NO: | | |  | |
| EMERGENCY CONTACT (1) | | | | | | EMERGENCY CONTACT (2) | | | | |
| NAME: |  | | | | | NAME: | | |  | |
| RELATIONSHIP TO PLAYER: |  | | | | | RELATIONSHIP TO PLAYER: | | |  | |
| HOME TELEPHONE: |  | | | | | HOME TELEPHONE: | | |  | |
| MOBILE NUMBER: |  | | | | | MOBILE NUMBER: | | |  | |
| WORK NUMBER: |  | | | | | WORK NUMBER: | | |  | |
| **DIGITAL IMAGERY** | | | | | | | | | | |
| Northampton Saints Academy/Elite player development group intend to use digital imagery to enhance the developments of players involved in the program. We recognise the need to ensure the welfare and safety of all young people. In accordance with our child protection policy, we will not permit photographs, video or other images of the players to be taken without consent of the parents/players involved. Northampton Saints academy/EPDG will take all necessary steps to ensure that any images produced are used solely for the purpose for which they are intended. Photographs and video clips may be used in our printed publications, as coaching resources within the EPDG program and on the Northampton Saints website. At no time will images be sold or made available for wider publication without further parental approval. | | | | | | | | | | |
| **I CONFIRM THAT I HAVE READ THE ABOVE STATEMENT, AND GIVE CONSENT FOR MY CHILD TO BE PHOTOGRAPHED AND VIDEOED AS DESCRIBED ABOVE.** | | | | | | | | | | |
| SIGNED: |  | | | | | | (PARENT/CARER) | | DATE: |  |