



# EASTERN COUNTIES RUGBY UNION

## School of Rugby

### 2011/12 Season Registration Form

AGE GROUP  
SQUAD

e.g. U14  
for 2011/12  
season

**PLEASE WRITE IN BLOCK CAPITALS IN BLACK INK - ONLY REGISTER ONE PLAYER ON THIS FORM**

**THE PLAYER DETAILS ( referred to in the agreement below as The Player)**

FULL CHRISTIAN NAMES:		SURNAME:			
HOME ADDRESS:					
DATE OF BIRTH : <i>DD / MM / YYYY</i>			POSTCODE:		
SCHOOL:			CLUB:		
Preferred Position/s:	<i>e.g. Prop/ Full Back</i>	<i>Sub-County Played For:</i>	<i>Cambs/Suffolk/ Norfolk/None</i>	<i>EPDG Squad:</i>	<i>Tigers/Saints/ None</i>

**PARENTS/GUARDIANS DETAILS and EMERGENCY CONTACTS**

CONTACT 1 / NAME:			RELATIONSHIP:		
1 <sup>ST</sup> PHONE NO.			2 <sup>ND</sup> PHONE NO.		
EMAIL #1					
CONTACT 2 / NAME:			RELATIONSHIP:		
1 <sup>ST</sup> PHONE NO.			2 <sup>ND</sup> PHONE NO.		
EMAIL #2					
<b>ANY ADDITIONAL EMAIL ADDRESSES YOU WISH US TO USE:</b>					
EMAIL #3					
EMAIL #4					

*ALL COMMUNICATION WILL BE VIA EMAIL AND / OR THE WEBSITE AT [www.ecrfu.com](http://www.ecrfu.com)*

<i>We may arrange training activities in water. Please confirm The Player can swim at least 10 metres, is water safe, and you give permission for The Player to train in a swimming pool under lifeguard supervision.</i>	<b>YES / NO</b>
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**MEDICAL INFORMATION**

*This confidential information will be provided to our squad Physiotherapist to assist in the care of players.*

<i>Please detail any/all current medical conditions. (E.g. asthma, hay fever, diabetes, epilepsy etc.)</i>	<small>Continue over if necessary and tick here ( )</small>
<i>Do you currently take any medication? If so please give full details. Include inhalers, and frequency of use.</i>	
<i>Do you have any allergies? (E.g. penicillin, nuts, or insect bites, plasters, latex etc.)</i>	
<i>Please detail any current injuries. Exclude minor finger/thumb injuries.</i>	
<i>Injury history; please detail any serious injuries, what and when.</i>	<small>Continue over if necessary and tick here ( )</small>
<i>Have you ever had concussion? If so, when?</i>	
<i>What was the date of your last Tetanus injection? (Please check this with your Doctor's Surgery)</i>	
<i>Do you wear contact lenses?</i>	

**PARENT/GUARDIAN and PLAYER DECLARATION and SCHOOL OF RUGBY REGISTRATION**

I/We agree to abide by the laws of the RFU and ECRU, and the Parents' and Players' codes of conduct. I/We consent to the these confidential details being held on computer by officers of ECRU, only to be used for the administration of Rugby Football and associated events the ECRU may arrange. I/We authorise and give consent to ECRU coaches/management or medical staff giving consent for medical treatment including anaesthetic for The Player as necessary on the advice of a medical practitioner. I/We understand and agree to photographs of training or matches that I/we or The Player takes part in being taken on behalf of ECRU for the promotion of rugby union and sport in general in line with RFU Child Protection Procedures and best practice guidance. I/We understand that it is compulsory for The Player to wear a gum shield/mouth guard whilst training and playing rugby, and that when playing The Player must only wear boots and protective equipment that complies fully with current IRB requirements. I/We understand that The Player cannot be involved with two Schools of Rugby and confirm The Player has not and is not currently attending another School of Rugby attached to another Constituent Body (CB) or County. If The Player has previously been a member of another CB or County School of Rugby please tick here ( ) and on the reverse please state the CB or County name and the dates The Player was involved. This agreement entitles The Player to all benefits involved in the School of Rugby. In return Eastern Counties Rugby Union expects that The Player will follow in full the development plan created for him by the School of Rugby in partnership with his school and/or club. I/We confirm my/our understanding of the conditions and entitlements and wish to register The Player with Eastern Counties Rugby Union as a School of Rugby Player during the 2011/12 season.

Parent/Guardian Full Name/s:	Signature/s:	Date: <i>DD / MM / YYYY</i>
The Player Full Name:	Signature:	Date: <i>DD / MM / YYYY</i>