



Hampshire Rugby Football Union
Development Squad



**London
Irish™**

2014 Player Registration Form U13's

2nd and 3rd September 2014 HMS Temeraire Portsmouth

Name	
Address	
Postcode	Date of Birth
Telephone	Email
Mobile	Current School and year
Emergency Contact and Medical Information	
Name of Parent or Guardian	
Emergency Number of Parent or Guardian	
Alternative emergency contact number and name	
Medical Conditions that the coach should be aware of?	
Do you consider your son/daughter to have a disability? Yes/No	
If yes please specify.	
Sports Information: You must be nominated by your Club Coach or School Teacher	
Rugby Club	Preferred playing position
Coach/ Teacher name	Signed
I give permission for _____ (Name of young person) to take part in the above and confirm that if selected for the Development Squad will not move to another without our written permission.	
Signed	Parent/Guardian/Carer
Print Name	Date
Your details will only be used by Hampshire RFU Ltd to inform you of other activities and to monitor participation. We will not pass your details on to any third parties. You give your permission for this information and digital images/photographs to be held on a computerised database.	