

# JUNIOR REGISTRATION FORM



PLEASE USE BLOCK CAPITALS & ENSURE YOU ✓ THE BOXES & COMPLETE ALL RELEVANT SECTIONS OF THE FORM

Please note the provision of false information on this form, may affect your claim should you wish to use the insurance

## PLAYER ID NUMBER

## PLAYER STATUS

Re-Registration  New Player  Free Agent  Transfer

## CLUB DETAILS Section A

## SECTION B (If a Transfer)

Please note, an authorised transfer form must be attached

I do not owe any monies to my previous club

## SECTION C (To be completed by Player)

## DATA PROTECTION NOTICE

The RFL, BARLA, English School Rugby League, Combined Services Rugby League and Student Rugby League will use your personal data (including sensitive personal data) to administer rugby league matches, tournaments etc and to send you, by post or email/SMS, information related to those purposes.

We may send you information about ours and selected third party's goods or services, by post/e-mail/SMS. By completing this form we will assume you have consented to this, unless you tick this box.

**To help us raise funds for Rugby League:** We may pass your contact details to sponsors of the game so that they can send you, by post or email/SMS, details of their products and services. By completing this form we will assume you have consented to this, unless you tick this box.

## League Official Use - Original Documents Only

\*Only new players aged under 18 must provide proof of age

## PLAYER DECLARATION

I declare that I am not registered with any professional club and agree to abide by the Rugby League Code of Ethics and Conduct and the RESPECT programme. I acknowledge that the sport of Rugby League involves a high degree of physical contact and such contact can result in injury. I acknowledge that if I am injured in a match I may receive certain compensation under the terms of the policy of insurance. I acknowledge that such insurance cover may be excluded for illegal or foul play or contact, which is contrary to the rules and customs of Rugby League whether committed by me, or by any other person as a result of which an injury arises. I acknowledge that the insurance cover may not be sufficient to compensate me for certain types of injury or disability. I further acknowledge that I am aware the policy of insurance does not include cover for players' liability for injury or financial loss caused to other players during Rugby League matches and training sessions, so that any claim that I may wish to make against another player, or which may be brought against me, in respect of such injury or loss, will not be covered by the policy. I confirm that I understand that I have the right to obtain my own personal accident, liability or injury cover should I wish to do so. For more information please refer to [www.therfl.co.uk/community\\_clubs/insurance](http://www.therfl.co.uk/community_clubs/insurance)

## PARENT/GUARDIAN DECLARATION

I the parent/guardian am not aware of any medical reason why the above named should not take part in contact sport, and I agree to abide by the Rugby League Code of Ethics and Conduct. I also agree to the use of the information as set out in the Data Protection Notice.

## CLUB OFFICIAL DECLARATION

I certify that this form was signed by the player and, if under the age of 18, their parent/guardian was in my presence and the details are correct.

## SECTION D Monitoring (This information will only be used to provide anonymised monitoring data within the RFL & external sports bodies such as UK sport)

WHITE	British <input type="checkbox"/>	Irish <input type="checkbox"/>	BLACK OR BLACK BRITISH	Caribbean <input type="checkbox"/>	African <input type="checkbox"/>
DUAL HERITAGE	White & Black Caribbean <input type="checkbox"/>	White & Asian <input type="checkbox"/>	CHINESE	<input type="checkbox"/>	
	White & Black African <input type="checkbox"/>		Prefer not to say	<input type="checkbox"/>	
ASIAN OR ASIAN BRITISH	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Other	<input type="text"/>	
	Bangladeshi <input type="checkbox"/>				

## DISABILITY Do you consider yourself to have a disability?

Yes  No  Prefer not to say

Please indicate if you have any access requirements

## RELIGION/FAITH Do you have a religion or faith?

Prefer not to say

Do you have any religious requirements?