NOTTINGHAMSHIRE, LINCOLNSHIRE & DERBYSHIRE RFU
Player Registration Form

NLD User ID:

First Name: **Surname:** **D.O.B.**

Club: **Playing Position:**

Male/Female: **Ethnic Origin:**

Medical Conditions/Allergies:

Dietary Requirements:

Parent/Guardian (this information will be our first point of contact)

Name:

Address:

Email: **Home Tel:** **Mobile Tel:**

Alternate Parent/Guardian (only enter if the address or contact details are different from the above)

Name:

Address:

Contact Telephone Number:

School/Education Establishment

Name:

Address:

Contact Telephone Number:

By signing below you declare that the information above is correct and that the named player can be bound by the laws and resolutions of the Nottinghamshire, Lincolnshire and Derbyshire RFU.

Signed (player): **Date:**

Signed (parent / guardian): **Date:**

Counter Signed (Club Official): **Date:**

Please address all Youth correspondance to: NLD RFU Youth Registrar, 24 Carter Gate, Newark, Nottinghamshire, NG24 1UB