

Please put a photograph in this space.

STAFFORDSHIRE SCHOOLS & YOUTH REGISTRATION FORM

PLEASE COMPLETE ALL SECTIONS AND RETURN TO Stephen Eastwood

|  |  |
| --- | --- |
| FULL NAME IN BLOCK CAPITALS(Underline first name used) |  |
| Date of Birth |  | **Place of Birth** |  |
| HOME ADDRESS |  |
|  |
|  |
|  Postal Code |
| **Home Telephone No.** |  |
| **Player Email Address:\*** | **(\*Optional)** |
| **Player Mobile Number:\*** | **(\*Optional)** |
| **Fathers Email Address:** |  |
| **Mothers Email Address:** |  |
| **Fathers Mobile Number:** |  | **Mothers Mobile Number:** |  |
| **Playing Position:** |  | Alternative Position: |  |

**Please print and ensure that emails are correct**

|  |  |  |
| --- | --- | --- |
| CONTACT IN CASEOF EMERGENCY | Name |  |
| **Telephone No.** |  |
| **Relationship** (if applicable) |  |

|  |  |
| --- | --- |
| **Club** |  |
| **Club Coach** |  | **Contact No.** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| School |  | School Coach |  | **Contact No.** |  |
| School Address |  |
|  |  |
|  |  |
|  | **Postal Code:** |
|  | **Telephone No.**  |
| Name & Title of Head /Principal |  | **Name of Teacher****i/c Rugby** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Height |  | **Weight**  |  |
| Neck Size |  | **Waist Size** |  |
| **Details of Any Medical Conditions**  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed** |  | Date |  |