

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 |  |