

NLD (DERBYSHIRE) SCHOOL of RUGBY (SoR)



REGISTRATION FORM 2009-10

NAME _____

DOB _____ **AGE** _____ **AGE GRADE** _____ i.e U13

ADDRESS _____

POSTCODE _____

PHONE NUMBER (home) _____

PHONE NUMBER(childs mobile) _____

EMAIL ADDRESS _____

Mums name and mobile.....

Dads name and mobile.....

NAME OF SCHOOL/TOWN _____

CLUB YOU PLAY FOR _____

COACH'S NAME _____

PLAYING POSITION (S)

1st Choice _____

2nd Choice _____

***NB. Communication will mostly be made by email or via the website updates. I, the under signed confirm that the information I have given above about my son is true, I also state that we will behave in a manner that enhances the reputation of the NLD Schools of Rugby at all times. The decisions of the management and coaches will be final in all issues concerning the NLD Schools of Rugby (SoR).**

These sessions could at times make use of video equipment for analysis. Do you agree to use of this with your son? Yes No

Date _____ Print _____

Signature _____