



New Zealand Rugby REFEREE 2018 NEW REGISTRATION

www.communityrugby.co.nz - Home of New Zealand Community Rugby

IMPORTANT: YOU MUST COMPLETE ALL SECTIONS OF THE FORM AS ACCURATELY AS POSSIBLE. By completing this form, you are covered under the New Zealand Rugby Player Accident Insurance Scheme. The data gathered from this form allows your club, school, Provincial Union, Super Rugby Club and New Zealand Rugby to better manage the game.

ASSOCIATION YOU ARE A MEMBER OF IN 2018:

Association last registered to:
(if applicable)

Gender: (please tick) Male Female

Ethnicity: (please tick one only) Maori NZ European Asian Pacific Islander Other

First Name:
Middle Name:

Last Name:

Date of Birth: / / (Date of Birth is IMPORTANT to prevent duplicate entries on the database)

Telephone (H):

Mobile:

Email:

Street Address:

Suburb: **Town/City:**

Post Code:

Your Occupation:

I am an active on field referee/Assistant referee (please tick) Yes No

If YES, are you also (please tick ONE) Administrator Referee Coach

If NO, what is your primary function? (please tick ONE) Administrator Referee Coach Other

Privacy: The New Zealand Rugby Union Incorporated ("NZR") uses this form to collect personal information for the purposes of (i) the general administration of the game of rugby by NZR, Super Rugby Clubs, Provincial Unions, clubs and schools, including managing registration, managing and dealing with injury and insurance matters, rugby-related communications, statistical analysis and research; and (ii) the promotion of the game of rugby, including ticketing offers and other marketing of the game of rugby ("**Purposes**"). NZR will hold your personal information on a national database and will make your personal information available to the rugby organisation (ie club or school) that you are registered with, the Provincial Union your rugby organisation is affiliated to, and (if applicable) the Super Rugby Club for your region, for the Purposes. Your personal information may also be made available to our service providers and other persons as NZR considers appropriate for the Purposes. You have rights to access (and correct) such personal information as provided for in the Privacy Act 1993. To do this, contact NZR at privacyofficer@nzrugby.co.nz. By completing and signing this form you authorise the collection, use and disclosure of your personal information for the Purposes. Failure to complete this form (or providing incorrect information) may result in your being ineligible to play rugby in New Zealand or for insurance cover arranged by or through NZR.

If you would like to receive commercial electronic messages from NZR, your Provincial Union, Super Rugby Club, club or school (for example, emails and text messages about priority access to tickets, other offers and promotions or goods and services from sponsors), please tick the relevant box below:

New Zealand Rugby Provincial Union Super Rugby Club Referee Association

NOTE: Where the referee is under 18, this form must be signed by a parent or guardian.

Signature: _____ **Date:** _____

I understand that by signing this form, I agree to abide (or where I am signing this form in respect of a referee under the age of 18, I agree to ensure that the referee will abide) by the constitution, regulations, bylaws and policies of the relevant Provincial Union with jurisdiction and control over the competition I am registered for and that I am also bound by World Rugby and New Zealand Rugby Rules and Regulations including by virtue of being deemed to be a 'person' as defined in those regulations.

If applicable, name of Parent/Legal Guardian: _____