



**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 and the constituent body and rules of Derby RFC.		
Signed (player):	Date:	
Signed (parent / guardian):	Date:	
Counter Signed (Club Official):	Date:	

Please address all Youth correspondence to: NLD RFU Youth Registrar, G 10ac\10aeE^, a\ E [03 * @e • @^E ÖG ÁWÓ