

# MOUNT MAUNGANUI JUNIOR RUGBY REGISTRATION FORM

Surname..... First Name .....

Parent / Caregiver Name .....

Address ..... Telephone No. (H) .....  
..... (B) .....  
..... Mobile .....

Email address .....

Parent / Caregiver Name .....

Address ..... Telephone No. (H) .....  
..... (B) .....  
..... Mobile .....

Email address .....

Age ..... School Yr ..... Date of Birth .....

Weight ..... School .....

Played before Yes  Club Last Yr ..... Grade Last Yr .....  
No

In Case of Emergency, who may be contacted ?

Name ..... Phone No.....  
Relationship .....

Does the person registered above have a medical condition that we should be aware of ?

Eg. Asthma or Epilepsy Yes  No

If Yes, please state condition

.....

Doctor's Name / Practice

.....

Fees Paid \$ .....

Receipt # .....

Would you like to support the club in one or many of the activities below?

Please tick the appropriate boxes.

Coaching  Manager  Sponsorship   
Fundraising  Donation