

Mid Canterbury Rugby Union 2018 School Rippa Tournament.

The tournament is mixed teams of boys and girls.

You must be able to transport your child to and from the tournament.
Your child has shown interest in playing in the Schools Rippa Tournament.

When **Tuesday 6th, 13th, 20th and 27th March.**

Times : Between 5.30pm , 6pm or 6.30 (numbers dependant)

Where : Ashburton Showgrounds.

Format : Mixed teams of boys and girls made up of yr3/4 and 5/6.
 12 minute halves and 1 minute break
 10 players max per team with 7 on the field, at least 2 girls
 on the field at all times.
 Bare feet or trainers NO boots
 Free Sausage each week!

Each team will require a parent to be available to referee each week.

This is a great opportunity to give Rippa Rugby a go or great fitness for the up
and coming season.

Please hand the below permission slip and 2018 rego form into the school office
by **Monday 12th February.**

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Rippa Rugby 2018

Childs Name

My child would like to play in the year 3/4 or 5/6 team (please circle)

I am available to help referee a game YES / NO

Name

Contact

Even though your child may have already registered for a club you still need to
register for Rippa Rugby, please see attached is the rego form.

Please remember you are required to transport your child and no refs no games.

Thanks for your support
Rachel Brown



New Zealand RIPPAs RUGBY Player 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.

CLUB/SCHOOL PLAYING FOR IN 2018: PROVINCE:

Have you completed a New Zealand Rugby Registration Form before? (please tick) Yes No

DATE OF BIRTH ____ / ____ / ____ (Date of Birth is IMPORTANT to ensure correct age grade team classifications)
Day Month Year

Gender: (please tick) Male Female

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

First Name: Middle Name:

Last Name:

Email:

Telephone (H):

Mobile:

Street Address:

Suburb: Town/City:

Post Code:

Medical: Please state any medical condition that your coach may need to be aware of:

Grade Playing this year

Rippa Rugby

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 Club/School

Signature: _____ Date: _____

(Parent or Legal Guardian must sign this form).

Note: Coaches or teachers cannot sign on a player's behalf.

Name of Parent/ legal guardian: _____

I understand that by signing this form, I am (or if in respect of a child under 18, that the above child is) agreeing to be bound by the constitution, regulations, bylaws and policies of the relevant Provincial Union with jurisdiction and control over the competition I am playing in 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 rules and regulations.

CLUB/SCHOOL REGISTRATION CO-ORDINATORS ARE TO RETURN COMPLETED PAPER FORMS TO THEIR PROVINCIAL UNION.