



Hampshire Rugby Football Union
2014/15 Under 15's Open Trial
Player Nomination Form

Name	
Address	
Postcode	Date of Birth
Telephone	Email
Mobile	Current School and year
Emergency Contact and Medical Information	
Name of Parent or Guardian	
Emergency Number of Parent or Guardian	
Alternative emergency contact number and name	
Medical Conditions that the coach should be aware of?	
Do you consider your son/daughter to have a disability? Yes/No	
If yes please specify.	
You must be nominated by your Club or School.	
Rugby Club	Preferred playing positions 1 st
School	2nd
Currently attending a School of Rugby centre: Yes/No	
Club or School nominating officer –	
Name	
Position	
I give permission for (Name of young person) to take part in the above Trial	
Signed	Parent/Guardian/Carer
Print Name	Date
Your details will only be used by Hampshire RFU Ltd to inform you of other activities and to monitor participation. We will not pass your details on to any third parties. You give your permission for this information and digital images/photographs to be held on a computerised database.	