



NZSA International Player Registration

Players Full Name:

Address:.....
.....

Phone:.....

Email:.....

Date of Birth:..... Age at 01 January 2011.....

Weight: Height: Clothes Size:.....

Do you have any health problems?: (State)..... Smoker: YES / NO

Parents or Guardians Name:

Contact Telephone:

Are you eligible to play for other nations: (e.g Pacific Islands) YES / NO

If YES, please state which one(s):

Nominated Position:

Alternative Position(s):

(indicate left/Right for wing, Lock or Prop/Indicate preferred lineout position, openside or blindside flanker)

Previous Club or College:

Previous Provincial Union/Club:

Highest Team Selected For:

Rugby Reference: (e.g. Coach) Name:

Phone: Email Address:

Highest Academic Qualifications:

Players Signature:

Date: Guardians/Parents Signature:

ANY QUERIES PLEASE RING JIM or JEANNA LOVE
PH/FAX: 0064 7 345 7733