

PLAYER REGISTRATION APPLICATION FORM 2017

National Deaf Rugby Championships - Porirua, 14 - 16 April 2017

I wish to apply for a position with the _____ Zone Deaf Rugby Union:

Zone Team Team Manager Head Coach

Assistant Coach Fitness Trainer Physio

Full Name: _____

Address: _____

Town/city: _____

Email: _____ Mobile/Phone: _____

Date of Birth: ___ / ___ / ___ Male / Female

Are you? Deaf Hearing impaired Hearing
(Please tick one)

Communication mode: NZSL Signed English Spoken English
(Please tick one)

Deaf Rugby Zone Union: Northern Central Southern NZ Maori
(Please tick one)

Keen to join the NZ Deaf Rugby Squad? Yes or No

Signature: _____ Date: _____

FOR NZDRFU USE ONLY

Checked by: _____ NZDRFU Secretary Date received: ___ / ___ / ___