

Additional Information for SRU Registration purposes

2. Eligibility to play for Scotland:

Place of Birth: _____ UK/European Passport holder Yes / No

If not born in Scotland are you eligible through one of the following:-

Parent/Grandparent born in Permanent Residency (3 Have not played Rep. Rugby for any other
 Scotland* yrs+ country

*If applicable please underline parent or grandparent

3. Playing Details:

<u>Position</u> (tick all that apply)	<u>Non-Position Specific</u> <input type="checkbox"/>			
Tight Head <input type="checkbox"/>	Hooker <input type="checkbox"/>	Loose Head <input type="checkbox"/>	Left Lock <input type="checkbox"/>	Right Lock <input type="checkbox"/>
No 8 <input type="checkbox"/>	Scrum Half <input type="checkbox"/>	Stand Off <input type="checkbox"/>	Left Wing <input type="checkbox"/>	Inside Centre <input type="checkbox"/>
Blindside Flanker <input type="checkbox"/>	Openside Flanker <input type="checkbox"/>	Full Back <input type="checkbox"/>		
Outside Centre <input type="checkbox"/>	Right Wing <input type="checkbox"/>			

4. Declaration:

I declare that the above information is correct. In signing this form I agree that the above named player shall be bound by the regulations, bye-laws, general regulations and directives of the International Rugby Board and the bye-laws and resolutions of the Scottish Rugby Union and the rules of the player's club. I understand that this form, which includes personal data about the above named player for the purposes of the Data Protection Act 1998 ("the Act"), will be kept by Scottish Rugby Union plc ("the SRU"). As well as being held by the SRU, I understand that this data will be processed by the SRU in the following ways: disclosure to medical advisers and other lawful third parties; and disclosure to rugby clubs (including non-affiliates of the SRU), all within the terms of the lawful purposes specified in the SRU's notification to the Information Commissioner un the Act, and I consent to this processing.

Agreed by: _____ Date / /

(Player)

Agreed by: _____ Date / /

(Club Official)

Please return this form and your remittance to:

Graham Barron, c/o Club Centre, 86 Queens Road, Aberdeen, AB15 4YQ