

## SCHEDULE II

## SA RUGBY PLAYER PROFILE FORM

Tournament												
First Names (all)												
Surname												
Known as Name												
ID Document Type	RSA ID		Passport No.		Birth Certificate		← (Please mark with an X)					
ID Document Number					Passport Number							
Passport expiry date	(DD)		(MM)		(YYYY)		← (Only for Passport #)					
Date of Birth	(DD)		(MM)		(YYYY)							
Gender	Male		Female									
Ethnicity (required)	African		Coloured		Indian		White					
Place of birth												
Country of birth												
Current Union					Previous Union (if applicable)							
Club you play for												
Playing Position (Specify)	1.				2.							
Height (cm)				Weight (kg)								
Primary School					Secondary School							
Tertiary Education												
Cell (Mobile) Number					Work Number							
E-mail Address												
Dietary Requirement(s)	None		Halaal		Vegetarian		← (Please mark with X)					
Dietary Other (Specify)												
<b>If the player is under the age of 18 complete the contact details of Parent or Legal Guardian</b>												
Parent/Guardian	Name				Surname							
Contact details	Home Number				Work Number							
	Fax Number				Cell Number							
	Email											
<b>Emergency Contact Person Information (ECPI) / Next of Kin</b>												
ECPI / Next of Kin (required)	First Name				Surname							
Contact details	Relationship				Cell Number							
<b>Medical Aid Details</b>												
Medical Aid Name					Number							
Main Member												
Allergies / Medical Notes												

The personal information collected in this form is processed by SA Rugby in accordance with the applicable SA Rugby Privacy Policy available on request.

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