



SUFC | Barker

Rugby 7s Academy



2019 NOMINATION FORM

STUDENT INFORMATION

First name:				
Surname				
School:				
Year Group: (Please circle)	Year 9	Year 10	Year 11	Year 12
Date of Birth:		Mobile		
Address:				
Email:				
Parent Email:				
Rugby Playing Experience:	<input type="checkbox"/> NSW 7s	<input type="checkbox"/> NSW 15s	<input type="checkbox"/> NSW Schools 7s	<input type="checkbox"/> Rugby Au Programs
Representative Playing Experience in other sports				

EMERGENCY CONTACT INFORMATION

Emergency Contact #1:	
Emergency Contact Name:	
Relation to Student:	
Mobile:	

Emergency Contact #2:	
Emergency Contact Name:	
Relation to Student:	
Mobile:	

PERMISSION

We hereby acknowledge that we understand the obligations for _____ to attend all aspects of both the SUFC/Barker Academy Trial and if selected the SUFC/Barker Academy training and fixtures as listed on the information sheet. Failure to do so may see the student withdrawn from the Academy.

.....
Parent's Signature

Consent by Parent to display Student's Image in SUFC / Barker associated publications (both print and online), social media, video and live stream.

.....
Parent's Signature



SUFC | Barker

Rugby 7s Academy



2019 MEDICAL FORM

PLAYER DETAILS

First name:			
Surname		Nationality:	
Date of Birth:		Mobile:	
Address:			
Medicare No:			
Private Health Care Provider:		Private Health Care Number:	
Position:		Years Playing Rugby:	
Shirt Size:		Short Size:	

MEDICAL QUESTIONNAIRE

Do you suffer or have a family history of (please circle):

High Blood Pressure	No / You / Family History	Heart Attack	No / You / Family History
Stroke	No / You / Family History	Sudden Death	No / You / Family History
Cardiac (Heart) Surgery	No / You / Family History	Diabetes	No / You / Family History
Other Illnesses e.g. epilepsy, asthma, allergies or Medications being taken (Please provide details)			
Past injuries / operations			
Special Dietary Requirements			

PERMISSION

Permission to contact nearest doctor / ambulance / hospital in the event of injury and/or illness YES NO

All information stated above is correct to the best of my knowledge and will notify SUFC / Barker Academy in a timely manner before trials should the above information change.

.....
Guardian / Parent's Signature

.....
Guardian / Parent's Full Name

PLEASE RETURN THIS COMPLETED NOMINATION FORM AND MEDICAL DETAILS TO
SUFCacademy@barker.nsw.edu.au