

# ROSSLYN PARK | National Schools Sevens

## REGISTRATION FORM

Please complete this form in CAPITAL LETTERS before you register with the control managers at the pitches where you will play your first match. Please register as soon as you arrive (WITH THIS FORM)

SCHOOL/COLLEGE \_\_\_\_\_

NAME OF STAFF I/C SQUAD \_\_\_\_\_

MOBILE NUMBER \_\_\_\_\_

The referee's decision during play is final. The ground manager's and RP committees decision regarding off field behaviour is also final. They may seek advice from the tournament organisers in the event of dispute.

We have read the rules and agree and abide by them.

We agree that images taken by approved tournament photographers are available for tournament use. If you do not accept please speak with the control point representative.

I confirm all players named are the appropriate age for this tournament.

I confirm that our players and staff have the correct insurance cover to attend the event

Signed

Date