



APPLICATION FORM: PLAYERS

PERSONAL INFORMATION

Full Name & Surname: _____

Date of birth: _____ Gender: _____

ID (South African players only/Passport Number: _____

Height (cm): _____ Weight: _____

Province/State: _____ County: _____

International Player

South African Player

E-Mail: _____ Mobile: _____

EMERGENCY CONTACT INFORMATION

Contact Person (1): _____ Relationship: _____

E-Mail: _____ Mobile: _____

Contact Person (1): _____ Relationship: _____

E-Mail: _____ Mobile: _____

RUGBY INFORMATION		
High School Attended/Current Club		
Highest Rugby Achievement		
Position played		
MEDICAL AID DETAILS (Membership of a medical aid is compulsory for all players at Tiger Rugby Africa)		
Provider		
Member Number		
Option		
Main Member		
Is the option a "Hospital Plan" only scheme?		
Please motivate why you would like to be part of this program		
PROGRAM PACKAGES		
<i>Please refer to the International Rugby Academy Brochure for full packages.</i>		
PACKAGES	DATES	Optional: INTERNATIONAL TOURS
5 Weeks	13 November – 15 December 2017	N/A
2.5 Months <i>International Players Only</i>	30 October 2017 - 12 January 2018	Yes/No
4.5 Months	15 January 2018 - 25 May 2018	Yes/No
7.5 Months	15 January 2018 - 31 August 2018	Yes/No
3 Months	17 September 2018 – 14 December 2018	Yes/No