



# LUXEMBOURG RUGBY UNION

## SHEET 1 - INDIVIDUAL INFORMATION SHEET

*Please fill in ALL the lines and sheets of the document*

PHOTO  
IDENTITY

### THE PLAYER

NAME: \_\_\_\_\_

First name: \_\_\_\_\_

Born on: \_\_\_\_\_ to: \_\_\_\_\_

Country: \_\_\_\_\_

Nationality: \_\_\_\_\_ Passport number: \_\_\_\_\_

- National Team Eligibility:  Born in Luxembourg  
*Check only the<sup>1st</sup> corresponding criterion in the reading order*  Parents / Grandparents born in Luxembourg  
 60 consecutive Months of Residence  
 10 years of cumulative residency

Address: \_\_\_\_\_

CP: \_\_\_\_\_ City: \_\_\_\_\_

) Tel : \_\_\_\_\_ @ Mail : \_\_\_\_\_

### Measurements

Height (cm) : \_\_\_\_\_ Weight (Kg) : \_\_\_\_\_ Size : \_\_\_\_\_

T-Shirt size:  XS -  S -  M -  L -  XL -  2XL -  3XL -  4XL -  5XL

Short size:  XS -  S -  M -  L -  XL -  2XL -  3XL -  4XL -  5XL

### LEGAL REPRESENTATIVES CIRCLE THE NAME OF THE PERSON TO BE PRIORITIZED

#### Father or Guardian

NAME: \_\_\_\_\_

First name: \_\_\_\_\_

Profession: \_\_\_\_\_

Address: \_\_\_\_\_

CP: \_\_\_\_\_

City: \_\_\_\_\_

) Mobile: \_\_\_\_\_

@ Email : \_\_\_\_\_

#### Mother

NAME: \_\_\_\_\_

First name: \_\_\_\_\_

Profession: \_\_\_\_\_

Address: \_\_\_\_\_

CP: \_\_\_\_\_

City: \_\_\_\_\_

) Mobile: \_\_\_\_\_

@ Mail: \_\_\_\_\_

*The personal data communicated to the FLR fall under the provisions of the General Data Protection Regulation*



# LUXEMBOURG RUGBY UNION

## SHEET 2 – SCHOOL INFORMATION SHEET

### EDUCATION

School currently attended: \_\_\_\_\_

\_\_\_\_\_

Current class: \_\_\_\_\_

Address: \_\_\_\_\_

CP: \_\_\_\_\_ City: \_\_\_\_\_

**Wishes to join the CdF - Lëtzebuerg Rugby Academy - Season 2023-2024 :**

Status:  Main Stream at SportLycee

"Partner" secondary stream (schooled in another Luxembourg school)

School system:  Classic -  General -  Modular

Desired class level:  7th -  6th -  5th -  4th -  3rd -  2nd -  1st -  Other: \_\_\_\_\_

Spoken language(s) :  Luxembourgish -  French -  German -  English -  Italian -  Spanish

Other: \_\_\_\_\_

### EVALUATION

**Opinion** of the Head of School on the student's ability to follow the dual sports / school project:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date and Signature:

**Opinion** of the Regent / Teacher on the motivation of the student and his qualities to be part of the dual project:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date and Signature:



# LUXEMBOURG RUGBY UNION

## SHEET 3 - SPORTS INFORMATION SHEET

### MOTIVATION LETTER:

Express in a few lines your motivation to join the Lëtzebuerg Rugby Academy:

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### SPORTS CAREER

Current Sports Club: \_\_\_\_\_

FLR License Number\*: \_\_\_\_\_

Plays in category:  U12 -  U14 -  U16 -  U18 -  Séniors

Position(s) held:

1 -  2 -  3 -  4 -  5 -  6 -  7 -  8 -  9 -  10 -  11 -  12 -  13 -  14 -  15

Player Status:  Starter -  Finisher

Head Coach's NAMES and First name: \_\_\_\_\_

☎ : \_\_\_\_\_ @ : \_\_\_\_\_

| Category                     | Club | Position(s) held | Selection(s) | Injury(s) |
|------------------------------|------|------------------|--------------|-----------|
| U12 2 <sup>nd</sup> year     |      |                  |              |           |
| U14 1 <sup>st</sup> year     |      |                  |              |           |
| U14 2 <sup>nd</sup> year     |      |                  |              |           |
| U16 1 <sup>st</sup> year     |      |                  |              |           |
| U16 2 <sup>nd</sup> year     |      |                  |              |           |
| U18 1 <sup>st</sup> year     |      |                  |              |           |
| U18 2 <sup>nd</sup> year     |      |                  |              |           |
| Seniors 1 <sup>st</sup> year |      |                  |              |           |

*\*The player must be licensed in a club affiliated to the Luxembourg Rugby Federation to join the Lëtzebuerg Rugby Academy structure*



# LUXEMBOURG RUGBY UNION

## SHEET 4 – MEDICAL INFORMATION SHEET

### PARENTAL CONSENT FOR CARE

"I, the undersigned \_\_\_\_\_ (Father, Mother, Guardian)

In case of accident of my (son / daughter) \_\_\_\_\_ (Surname, First name)

Matricule Number: \_\_\_\_\_ (NIN - National Identification Number)

Expiration date INS exam: \_\_\_\_\_ (DD, MM, YYYY format)

Information on the player's club license

Hereby authorizes:

- Any examination or surgery that may be required
- The Manager of the Club and/or the Category:
  - ✓ To take all necessary measures and in particular to request admission to a care institution.
  - ✓ To take back the child on release, only in case of absolute unavailability of the parents or the legal representative of the minor

### ADDITIONAL INFORMATION

Medical history: \_\_\_\_\_

Injury(s): \_\_\_\_\_

Note:

Special treatment(s): \_\_\_\_\_

Allergies or others: \_\_\_\_\_

Contact information in the event of an accident:

SURNAME: \_\_\_\_\_ First name: \_\_\_\_\_

Quality: \_\_\_\_\_

Telephones (mobile and landline):

☎ : \_\_\_\_\_ )

Telephones (other than parents if not reachable):

☎ : \_\_\_\_\_ )

Doctor NAME and details: \_\_\_\_\_

His address: \_\_\_\_\_

☎ : \_\_\_\_\_ )

Done at Signature: \_\_\_\_\_

**IMPORTANT:** this **completed and signed** form will be attached to the registration file. It will be used for all LASEL training and competitions of the Lëtzebuerg Rugby Academy for next season



# LUXEMBOURG RUGBY UNION

## SHEET 5 - IMAGE RIGHT SHEET

To use your child's image:

His Name and First name: \_\_\_\_\_

In the form of photos or video, the Luxembourg Rugby Federation (FLR) needs your permission...

These photos and/or videos may be used in the form of:

- Educational documents
- Exhibitions and Display
- Information brochure or Video presentation or promotion
- Information disseminated via the websites Federation, Clubs, and its partners

*Under no circumstances will the images be used for commercial purposes.*

"I, the undersigned \_\_\_\_\_ (Father, Mother, Guardian)

hereby authorizes the Luxembourg Rugby Federation and its Managers to use the image of my child under the conditions set out above:

YES -  NO (check the corresponding box)

NAME and First name of parents:

NAME: \_\_\_\_\_ First name: \_\_\_\_\_

NAME: \_\_\_\_\_ First name: \_\_\_\_\_

I grant this authorization free of charge

*To serve and assert what by right*

Done at \_\_\_\_\_

Signature of the Parents (Preceded by the mention "read and approved"):

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