



PARRAMATTA DISTRICT JUNIOR RUGBY LEAGUE

U6-U17 PLAYER REGISTRATION FORM

2010



Personal Details

FIRST NAME: _____ MIDDLE NAME: _____

SURNAME: _____ DOB: _____ GENDER: M / F

PREFERRED NAME/AKA: _____ ARL ID NO: _____

Contact Details - Player

ADDRESS: _____

SUBURB: _____ STATE: _____ POST CODE: _____

PHONE (H): _____ (W): _____ (M): _____

EMAIL: _____

Contact Details - Parent/Primary Care Provider

FIRST NAME: _____ SURNAME: _____

PHONE No: (if different to above): _____ EMAIL: _____

Identification (MUST sight 1 of the 3 options below)

BIRTH CERTIFICATE NO: _____ PASSPORT NO: _____ COUNTRY: _____

DRIVERS LICENCE NO: _____

Ethnicity (please circle) Aboriginal Torres Strait Islander Pacific Islander Lebanese Maori

Country of Birth: _____

Registration Details (Complete applicable fields only) Are you contracted with another District? Yes /No if yes where: _____

DIVISION/REGION: _____ LEAGUE/GROUP: _____

CLUB NAME: _____ AGE/GRADE: _____

Previous History /Clearance Have you played **Rugby League** before Yes/No If YES, when was the last year you played: _____

Club: _____ League/Group: _____

Division/Region: _____ State: _____

Clearance Required: YES / NO I authorise a clearance if required under the ARL Clearance Policy Initial: _____

By signing this form I declare that the above information is true and correct and I understand that the information will be added to the ARL national membership database. I agree to abide by the Constitution and by-laws of the State/Division/League that I am registering with and their Terms and Conditions. I have read and understand the Liability and Indemnity on the reverse of this form and also agree to abide by the following ARL Policies and understand that the documents in their entirety are available to be downloaded from www.arldevelopment.com.au: PDJRL Code of Conduct, ARL Laws of the Game, ARL Mini/Mod Rugby Leagues Laws, ARL Safe Play Code, ARL Images Policy, ARL Clearance Policy and the ARL Anti-Doping Rules.

Players Signature

Parent/Primary Care Provider

Date

Club Secretary/Registrar Signature

Club Sec/Registrar (Print Full Name)

Date

League/Group Secretary Signature

League/Group Secretary (Print Full Name)

Date

Division/Region Signature

Division/Region Signature (Print Full Name)

Date