

BRIE ISLAND JUNIOR RUGBY LEAGUE PLAYER REGISTRATION FORM 2019

DATE: / / 2019

new player/existing player (please circle)

PLAYER DETAILS

LEGAL FIRST NAME: _____ MIDDLE NAME: _____
 SURNAME: _____ GENDER: M/F (please circle) _____
 D.O.B: _____ TEAM: UNDER _____

ADDRESS: _____

SUBURB: _____ STATE: _____ POST CODE: _____

HOME PHONE: _____ MOBILE: _____

EMAIL: _____

PARENT/PRIMARY CARE PROVIDER 1

NAME: _____ SURNAME: _____

ADDRESS: _____

SUBURB: _____ STATE: _____ POST CODE: _____

HOME PHONE: _____ MOBILE: _____

EMAIL: _____

PARENT/PRIMARY CARE PROVIDER 2

NAME: _____ SURNAME: _____

ADDRESS: _____

SUBURB: _____ STATE: _____ POST CODE: _____

HOME PHONE: _____ MOBILE: _____

EMAIL: _____

CHECKED BY REGISTRAR/COMMITTEE MEMBER: _____

ONLINE REGISTRATION COMPLETED Y/N MEDICAL PROFILE COMPLETED Y/N

BIRTH CERTIFICATE SUPPLIED (NEW PLAYERS ONLY) Y/N PHOTO SUPPLIED/UPDATED Y/N

CODE OF CONDUCT SIGNED BY PLAYER Y/N SPECTATOR Y/N REP PLAYERS AGREEMENT SIGNED Y/N

CHECKED BY TREASURER/COMMITTEE MEMBER: _____

FEES PAID - EFT\$ _____ RECEIPT NO. _____ CASH\$ _____ RECEIPT NO. _____

PAID ONLINE - SPORTS TG\$ _____ \$150 GET STARTED VOUCHER USED Y/N

