



NEW ZEALAND RUGBY LEAGUE NATIONAL PLAYER REGISTRATION FORM



as at January 2012

Previous History / Clearance Have you played Rugby League before Yes/No If YES, when was the last year you played: _____		
Club: _____	District League: _____	
Zone: _____	Representative: _____	
Clearance Required: YES / NO	I authorise a clearance if required under the NZRL Clearance Policy	Initial: _____

Registration Details (Complete applicable fields only)	
CLUB NAME: _____	AGE/GRADE: _____
ZONE: _____	DISTRICT LEAGUE: _____

Personal Details		
FIRST NAME: _____	MIDDLE NAME: _____	
SURNAME: _____	DOB: _____	GENDER: M / F
PREFERRED NAME/AKA: _____	NZRL ID NO: _____	

Contact Details - Player		
ADDRESS: _____		
SUBURB: _____	CITY/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: _____	_____	

Medical: - YES / NO (Please circle)
If YES please list e.g. (asthma, epilepsy, diabetic etc): _____

Ethnicity (please circle)	European	Maori	Pacific Islander	Other _____
Country of Birth: _____				

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 NZRL national membership database. I, the undersigned apply to be registered as a player with NZRL and agree to observe and abide by the constitutions, policies, rules and bylaws etc of NZRL, the Sub-League (District) and the above club and all directions or additional rules, if any, and financial arrangements for players which may from time to time be made by the Club Sub-League or NZRL. I agree to carry out all reasonable requirements of the Club, Sub-League and NZRL and to play at all times fairly and to the best of my ability. I also acknowledge that personal information may be collected, held and used by NZRL (Rugby League House, 7 Beasley Avenue, Penrose) for the proper and efficient administration and promotion of rugby league. For practical purposes player information may also be collected directly from the Club or Sub-League. For full details of NZRL's privacy policy including your rights of access to and correct of personal information, please refer to NZRL's website."

Players Signature

Parent/Primary Care Provider

Date

Club Secretary/Registrar Signature

Club Sec/Registrar (Print Full Name)

Date

District League Secretary Signature

District League Secretary (Print Full Name)

Date