Registration Form for Players 5 – 12 years

NZRL Community Carnival

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| **Name (s)** |  |
| **Address** | Street |  |
| Suburb |  |
| City |  |
| Post Code |  |
| **Phone Numbers** | Home |  |
| Mobile |  |
| **Email** |  |
| **I currently play Rugby League for a club** | Yes / No | **If ‘yes’, what club**  |
| **Date of Birth** |  |
| **Emergency Contact Details** | Name |  |
| **Relationship** |  |
| **Phone Numbers** |  |
| **Parental Consent***I give consent to my child’s participation in the NZRL Community camp* | Name:Signature:  |
| *I consent to receive Rugby League related contact by the NZRL and/or the relevant Zone* | Yes / No |