Registration Form for Players 5 – 12 years

NZRL Community Carnival

|  |  |  |
| --- | --- | --- |
| **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 |