| NEW ZEALAND RUGBY LEAGUE |
|-----------------------------|

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: | | | | |
| PREFERRED NAME/AKA: | | | | |
| Contact Details - Player | | | | |
| ADDRESS: | | | | |
| SUBURB: CITY | | | | |
| PHONE (H): (W) |): (M): | | | |
| EMAIL: | | | | |
| Contact Details - Parent/Primary Care Provider | | | | |
| FIRST NAME: | SURNAME: | | | |
| | 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 |