



NEW ZEALAND RUGBY LEAGUE

PLAYER REGISTRATION FORM

**Previous History Clearance:****Have you played for any other Club/District YES / NO (Please circle)**

If YES please advise what year and Club you last played for: Club _____ District: _____

I authorize a clearance if required under the NZRL Clearance Policy: signed: _____ Zone: _____

NEW MEMBER: YES / NO

EXISTING MEMBER: YES / NO

CLUB NAME: _____ AGE/GRADE/SCHOOL : _____

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: _____ POST CODE: _____

PHONE (H): _____ (W): _____ (M): _____

EMAIL: _____

FACEBOOK: _____

Emergency 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)

PASSPORT NO: _____ COUNTRY of ORIGIN: _____

DRIVERS LICENCE NO: _____ ETHNICITY: _____

DO YOU REQUIRE A VISA TO TRAVEL WITHIN CERTAIN COUNTRIES: YES / NO BIRTH CERTIFICATE: _____

Injuries or Medical conditions: - YES / NO (Please circle)

If YES please list e.g. (asthma, epilepsy, diabetic etc): _____

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/staff/official 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 the 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_____
District League_____
Date