



PINE CENTRAL HOLY SPIRIT RLFC Inc.

SENIOR REGISTRATION FORM 2021

**HAVE YOU REGISTERED ONLINE AT WWW.PLAYRUGBYLEAGUE.COM?
IF NO, YOU NEED TO REGISTER ONLINE BEFORE SUBMITTING PAPERWORK
AT OUR OFFICE.**

RETURNING PLAYER

NEW PLAYER OR NEW TO CLUB

SENIOR MEN'S

SENIOR WOMEN'S

OVER 35'S

PLAYER'S NAME: _____

PLAYER'S D.O.B. ____/____/____ Note: If turning 40 or over, a Medical Certificate is required stating you are fit to play Rugby League.

ADDRESS: _____

EMAIL: _____

MOBILE: _____

SECONDARY CONTACT: _____

ADDRESS: _____

EMAIL: _____

MOBILE: _____ HOME: _____

I ACKNOWLEDGE THAT RUGBY LEAGUE IS A CONTACT SPORT AND I WILL PARTICIPATE IN GAMES AND TRAINING SESSIONS AS DIRECTED BY THE COACH AND ABIDE BY ALL CLUB RULES & CODES OF CONDUCT.

I AGREE TO PAY THE REQUIRED FEE(S) AND ACKNOWLEDGE FULL PAYMENT IS TO BE MADE BY 30TH APRIL 2021. IF FULL PAYMENT IS NOT MADE BY THIS DATE I AM AWARE THAT A MONTHLY \$20 ADMINISTRATION FEE WILL BE PAYABLE AND I MAY NOT BE PERMITTED TO PARTICIPATE IN FURTHER GAMES UNTIL ALL FEES ARE PAID.

PLAYER'S SIGNATURE: _____ DATE: ____/____/____

\$250 Sign on Fee includes Equipment & Grounds Maintenance Levy, Jersey Levy, Player's Registration, Club Shorts and Socks upon full payment.

Office Use Only:

ID CHECK: DATE: _____

IF 40+, MEDICAL CERTIFICATE PROVIDED:

AMOUNT PAID: _____ PAYMENT METHOD: CASH / EFTPOS DATE: ____/____/____

REGISTER RECEIPT NO: _____ RECEIPTED BY: _____

SHORTS AND SOCKS TAKEN YES / NO (please circle) MYOB Invoice# _____



PINE CENTRAL HOLY SPIRIT RLFC Inc.

SENIOR PLAYER MEDICAL ADVICE CARD 2021

PLAYER'S NAME: _____ D.O.B.: ____/____/____

ADDRESS: _____

TELEPHONE: _____ MEDICARE #: _____

PRIVATE HEALTH FUND: _____ MEMBERSHIP # _____

FAMILY DOCTOR/MEDICAL CENTRE: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT NUMBER: _____ RELATIONSHIP TO PLAYER: _____

I give permission to call an Ambulance in an emergency: YES / NO

Do you suffer from any of the following?

	Yes / No	Management
Diabetes		
Asthma		
Epilepsy		
Bronchitis		
Allergies (please list)		

Do you experience any of the following signs and symptoms during training or playing?

	YES / NO	If yes, please explain further.
Undue shortness of breath		
Chest pain		
Light headedness, dizziness or episodes of fainting?		
Become tired/fatigued easily		

Do you take any regular medication(s)? YES / No

Type: Reason:

Previous Injuries:

	When	Treatment
Fracture		
Dislocation		
Neck Injury		
Back Injury		
Ankle Sprain		
Knee Problems		

Do you require taping every game? YES / NO Where? _____

Have you suffered concussion in the last 3 years? YES / NO

If yes, how many times? _____ Treatment _____

When did you have your last full medical check up? _____

Have you had your full course of Hepatitis "B" injections? YES / NO

Any other conditions that our Club should be aware of? _____

How long have you been playing Rugby League? _____ How long since you last played? _____

What position do you usually play? _____

Are you aware of the inherent risks of participating in physical activity such as Rugby League? YES / NO

I declare this to be a true statement of my health status as the date below.

I will notify the Club First Aid Officer of any problem that may occur during the season that is relevant to my health status and playing Rugby League.

Signature: _____ Date: ____/____/____

Office only

Checked by: _____ *Position in Club:* _____



PINE CENTRAL HOLY SPIRIT RLFC Inc

Media Release Form 2021

I Consent To _____ Image/Photo Being Used

1. Pine Central Holy Spirit RLFC and/or its agents respectfully request to be able to make use of pictures/videos/images of your child whether that be on the website, Facebook or other related mediums. Images may be used in both administrative material (reports, updates etc) or promotional material (e.g. flyers, online adverts etc).
2. Pine Central Holy Spirit RLFC will not remunerate the child/parent or make any payments for the use of these images – royalties or otherwise.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** __/__/__