



PINE CENTRAL HOLY SPIRIT RLFC Inc.

JUNIOR REGISTRATION FORM 2021

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

Note: Online Compulsory \$100 Payment is a DEPOSIT ONLY.

Balance of fees payable at the football office (Cash, Eftpos, Credit Card, EFT).

PLAYER'S NAME:	D.O.B.:	RETURNING PLAYER:	NEW PLAYER/ NEW TO CLUB:
1. _____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>

PRIMARY PARENT/GUARDIAN CONTACT NAME: _____

ADDRESS: _____

EMAIL: _____

MOBILE: _____ HOME: _____

I ACKNOWLEDGE THAT RUGBY LEAGUE IS A CONTACT SPORT AND GIVE PERMISSION FOR THE ABOVE CHILD/REN TO PARTICIPATE IN GAMES AND TRAINING SESSIONS AS DIRECTED BY THE COACHING STAFF. WE AGREE TO ABIDE BY ALL CLUB RULES & APPLICABLE CODES OF CONDUCT.

I ACKNOWLEDGE MY CHILD/REN WILL NOT BE PERMITTED TO PARTICIPATE IN TRAINING OR GAMES UNTIL THEY HAVE REGISTERED ONLINE.

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 ADMINISTRATION FEE OF \$20 PER PLAYER WILL BE PAYABLE AND THE PLAYER(S) MAY NOT BE PERMITTED TO PARTICIPATE IN FURTHER GAMES.#

PARENT/GUARDIAN SIGNATURE: _____ DATE: ____/____/____

SECOND PARENT/GUARDIAN: _____

ADDRESS: _____

EMAIL: _____

MOBILE: _____ HOME: _____

2021 SIGN ON PAYMENT SCHEDULE

* Please Note: If player plays UP or DOWN (18mth rule) an age group the payable fees will be for the **AGE GROUP THEY PLAY IN** – not their actual age. This is due to the Nomination Fees & Insurances being calculated & paid based on the teams nominated by age group.

AGE GROUP	PLAYERS NAME	COST	TOTAL
U6 (Born 2015)		\$250	
U7 (Born 2014)		\$250	
U8 (Born 2013)		\$280	
U9 (Born 2012)		\$280	
U10 (Born 2011)		\$280	
U11 (Born 2010)		\$300	
U12 (Born 2009)		\$300	
U13 (Born 2008)		\$320	
U14 (Born 2007)		\$320	
U15 (Born 2006)		\$320	
U16 (Born 2005)		\$320	
U17 (Born 2004)		\$320	
U18 (Born 2003)		\$320	
ALL GIRL TEAMS U12,U14,16,18		\$290	
TOTAL FEES PAYABLE PRIOR TO ELIGIBLE DEDUCTIONS			\$
Per player	\$100 Deposit Paid at Online Registration (if applicable)	Less \$100	\$
	\$150 Get Started Voucher (if supplied)	Less \$150	
TOTAL FEES PAYABLE			\$

FULL PAYMENT IS TO BE MADE BY 30TH APRIL 2021.

If full payment is not made by this date a monthly administration fee of \$20 per player will be payable and player(s) may not be permitted to participate in further games.

For all New Players and Ones that played in 2020 Club Shorts and Socks are included once Online registration and Club paperwork is completed

PLEASE NOTE: WE ARE ALL VOLUNTEERS AND GIVE OUR TIME AND EFFORT FOR YOUR APPRECIATION AND SUPPORT!

#Upon request a payment plan can be arranged with our Club Treasurer and the monthly administration fee per player due to late payment may be waived. However, this is subject to the request being made well in advance of 30th April 2021 and the agreed payments being made on time and not defaulted.

Office Use Only

IF APPLICABLE: BIRTH CERTIFICATE / PASSPORT

PHOTO TAKEN

\$150 GET STARTED VOUCHER SUPPLIED / ATTACHED: DATE: _____ APPROVED#: _____

AMOUNT PAID: _____ DATE: ____/____/____ RECEIPTED BY: _____

PAYMENT METHOD: CASH / EFTPOS

SHORTS & SOCKS (S) TAKEN: YES / NO MYOB Invoice# _____



PINE CENTRAL HOLY SPIRIT RLFC Inc. JUNIOR 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

Does the player suffer from:	Yes or No	Management
Diabetes		
Asthma		
Epilepsy		
Bronchitis		
Allergies (please list)		

Does the player experience any of the following signs and symptoms during training/playing?

Undue shortness of breath	
Chest pain	
Light headedness, dizziness or episodes of fainting?	
Become tired/fatigued easily	

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

Any regular medication or current medication (please supply details ie. reason for medication/times etc)?

Any physical problems (ie muscular/joint) that may limit the player in physical activity? _____

Has the player suffered concussion in the last three years (please supply details of treatment and outcomes)?

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 the player's health status as at the date below.

I will inform the Club First Aid Officer of any problem that may occur during the season that is relevant to the player playing Rugby League.

Parent/Guardian Signature: _____ Date: ____/____/____



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:** __/__/__