

AUSTRALIAN RUGBY UNION PLAYER REGISTRATION FORM

GAME TYPE ☐ 15 a side (inc. Jnr Pathway)	□ 7s		□ VIVA7s	
COMPETITION CATEGORY				
□ Senior	□ Youth (13-18yrs) roof of age/ID provided	☐ Junior (4-7 or 8-12yrs	
□ Male	□ Female		□ Mixed	
CLUB/ TEAM NAME		RUGB	RUGBY LINK ID	
PREVIOUS CLUB/ TEAM NAMI		UNION	I & YEAR	
PLAYER DETAILS First Name		Surname		
Date of Birth		Gender M/F		
ADDRESS DETAILS Address				
Suburb	State	F	Postcode	
CONTACT DETAILS Phone (you are required to provide at I	east one contact ph	one number)		
Home	Mobile	\	Nork	
<u>Email</u>	Er	nail (2)		
School/ Tertiary Institution (if appli	icable)			
	6 (Applicable to play Mother Surname	ers Under 18 years of age, ot		
Phone (if different to above)		Email (if different to above)		
SECONDARY				
□ Father □ N	Mother	□ Grandparent	□ Guardian	
First Name	Surname		Date of Birth	
Phone (if different to above)		Email (if different to above)		
EMERGENCY CONTACT First Name		Surname		
Phone		Email		
ETHNICITY DETAILS (Which of the Participant:	e following applies t Mother		-ather:	
Australian (Non-Indigenous) British Aboriginal and/ or Torres Irish		nd (Non-Maori) nd Maori nder	Americas (USA, Canada, South) Asian European Eastern European Not applicable	
Participant's Signature	Parent/ Guard	dian Signature (if under 18)) Date	