



PLAYER REGISTRATION FORM

2018 NATIONAL COMPETITION



District: _____ Zone: _____

Club: _____

Surname: _____ First Name(s): _____

DOB ____/____/____

Age: _____

ADDRESS _____ Suburb: _____
(Street number & name)

Mobile: _____ Home: _____ Work: _____

Email address: _____

Ethnicity: NZ Maori NZ European

Pasifika: Cook Is Fiji Niuean Samoa Tokelauan Tonga

Other: _____

I consent to receive rugby league related contact by NZRL and/or your zone yes/no

Declaration: I, the undersigned, acknowledge that I understand the:

- New Zealand Rugby League's Code Of Behaviour,
- The Rugby League Pledge,
- The Sports Anti Doping Rules,
- Concussion Policy,
- Player Agent Policy and

I agree to abide by the rules and regulations of the 2017 National Competition. All policies are available on <http://www.nzrl.co.nz/tournaments/national-competition/documents-resources/>

Signature (Player): _____ Date: ____/____/____

Witness Team Manager) _____ Date: ____/____/____