



BEROWRA JUNIOR RUGBY LEAGUE FOOTBALL CLUB

Berowra Junior Rugby League Football Club PO Box 94 Berowra 2081

Player Registration

Team Age (eg. U/10) _____

Surname _____ Given Name(s) _____

Date of Birth _____

Address _____

Postcode _____

Telephone (h) _____ Telephone (w/m) _____

Have you played Rugby League previously? (please circle one) Yes / No

Name(s) of Club _____

Name(s) of Parent/Guardian _____

I give permission to the Berowra Junior Rugby League Football Club to use photographs taken of my child whilst playing for the club for the purpose of promoting of the club (news letters, our web site, etc) (please circle one)

Yes / No

Signature of Parent/Guardian _____

Parents/Guardian – Are you interested in coaching/managing a team? (please circle one)

Yes / No

Welcome & Thanks for joining Berowra Junior Rugby League Football Club!!

CLUB OFFICIAL TO COMPLETE

Amount of registration fee paid \$ _____ Receipt No _____

Comments: _____

For new players only: Birth Certificate Number _____

(Original Birth Certificate must be sighted and signed by Roz Pears/Nth Sydney Junior League board member only)

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Email Address: _____

Please add my email address to the team database so that I can receive updates about training and games.