

NSWRL Community Rugby League



PLAYING IN LOWER AGE GROUP CONSENT FORM

PLAYER DETAILS

Player Name: _____

DOB: ____/____/____

Player Weight: _____ Player Height: _____

Date Measured: ____/____/____



PARENT/GUARDIAN TO COMPLETE

I hereby give permission for my child:

_____ to play with the
(insert full name)

_____ Under _____
(insert Club) (insert lower age division)

I acknowledge that if my child is approved to play in a lower age division, they will forfeit eligibility for Junior Representative selection in and the right to play in their calendar age group except in approved special circumstances.

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

CLUB TO COMPLETE

On behalf of the _____ JRLFC
(insert Club name)

I hereby give permission for the abovementioned player to play with the Under _____ in 20_____.

I am aware of and have explained the conditions that come with participating in a lower age competition.

Club Representative Name _____

Club Representative Signature _____ Date _____

NSWRL TO APPROVE

NSWRL Representative Signature _____ Date _____

FOR PLAYERS PLAYING DOWN BELOW THEIR NATURAL AGE GROUP, FORMS MUST BE SIGNED AND APPROVED BY NSWRL PRIOR TO PLAYER TAKING THE FIELD IN THE LOWER AGE GROUP