

Active Kids Voucher Code: _____

BANKSTOWN BULLS PLAYER REGISTRATION FORM



» Personal Details

Legal first name: _____
Surname: _____
DOB: _____ Gender: M / F

» Contact Details - Player

Address: _____
Suburb: _____ Postcode: _____
Phone: (M) _____ (H) _____
Email: _____ Email (2): _____

» Contact Details – Parent / Primary Care Provider

First name: _____ Surname: _____
Phone (if different to above): _____ Email: _____

» Attached one of the three(3) ID's in PDF, PNG or JPG format (player ID only not parent)

Birth Certificate / Current Passport / for U16 & above Drivers Licence

Attach with Passport/Portrait style photo and send by email to rego@bankstownbulls.com

» Country of Birth

Player: _____ Mother: _____ Father: _____

» NRL Fan Engagement

NRL team supported: _____ State team supported: NSW/QLD

Current School attending: _____ Grade: _____

MEDICAL TREATMENT	
Allow Medical Treatment	Does the player have a medical condition?
If Yes please specify?	

PREVIOUS HISTORY / CLEARANCE	
Have you played Rugby League before? Y/N	<i>If YES, a clearance from your LAST club is required</i>
I authorize a clearance under the terms of the NRL Clearance Policy from the below Club – Players Initial:	
Previous Club: _____	Last season played: 20_____

I agree to the Terms and Conditions set out by the NRL, NSWRL & Bankstown Bulls

Players Name _____ Date _____

Parent/Guardian Signature if under 18 _____ Date _____

Print this form to PDF and send by email with ID & Photo attachments to rego@bankstownbulls.com

Website www.bankstownbulls.com Club Email info@bankstownbulls.com