



# Gymea Junior Rugby League Football Club inc.

PLEASE PRINT CLEARLY (BLOCK LETTERS ONLY)

## REGISTRATION FORM

### PLAYERS DETAILS

FIRST NAME .....

SURNAME .....

DATE OF BIRTH .....

AGE GROUP FOR 2019 ..... (EG U6, U10 ETC)

### PARENT GUARDIAN INFORMATION

PLEASE COMPLETE THE FOLLOWING AND PROVIDE YOUR "ACTIVE KIDS VOUCHER NUMBER" (IF APPLICABLE) AND STATE PLAYER FULL NAME YOU PROVIDED WHEN APPLYING FOR YOUR VOUCHER

ACTIVE KIDS VOUCHER NUMBER .....

PLAYER FULL NAME .....

PARENT/GUARDIAN .....

ADDRESS (IF DIFFERENT FROM PLAYER) .....

SUBURB ..... POSTCODE .....

MOBILE .....

EMAIL .....

### PAYMENT

CREDIT CARD \$.....

CASH \$.....

RECEIPT NUMBER .....

COMMITTEE .....



Gymea Junior Rugby League Football Club Inc.  
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