NEWTOWN



Newtown Junior Jets Rugby League Football Club Registration From

New Player: Yes/No

Name:		
(First Name)	(Surname))	
Date of Birth:	Age:	
	(<u>AGE</u> you are turning in 2	023)
Address:		
Suburb:	Postcode:	
Telephone: Home:	Mobile:	_ 0
Email Address:		N.
	(Information will be forwarded via email)	
Club Played for Last:		
Positions Played:		— I
Allergies: Yes/No		4
<u> </u>	(Please State)	
Medication:		
Previous Injuries: Yes/No		
regito	(State Previous Injury)	
Next of Kin Contact Details: 1.		
ivext of Kill Collact Details.	Name: Number:	
2	2	Tr
Photo Consent:	Name: Number: School:	1
Club/District purposes O N L Y. (Parent Signatur		— A
Players that DO NOT qualify, the Club Jersey must be returned/or payment of \$55.00 is applicable.		
Manchauchina V.		
Membership: Yes. No. Fundraising Support: Yes. No.		
Active Kids \$50.00 Voucher Ref	Yes. No. Includes: Membership and Club Cap	
U5 - U11 \$25.00 Yes.	No.	
U12 - U18 \$35.00 Yes.	No.	
U19 + \$55.00 Yes.	□ No. □	
Non School Age \$55.00		
How Did You Find Us: Family/Friend School Local News/Mail Social Media?		
Jersey size: Please Circle 1 only		
26 28 30 32 34 36	38 40 42 44 46 48 50 T	RANSFER
Short size: Please Circle 1 only		
6 8 10 12 14 16	18 20 22 24 26 28 30 YES	S. NO.
Shirt size: Please circle 1 only 4 6 8 10 12 14	16 S M L XL 2XL 3XL I acce	pt the C of C
10 0 10 12 14	10 0 WI L AL ZAL JAL THEE	1

Season 2024

Code of Conduct:

