

District League Secretary Signature

## **NEW ZEALAND RUGBY LEAGUE** NATIONAL COACHES AND OFFICIALS REGISTRATION FORM



Date

	as at	January 2012	
Coach/Official Details – Please note here Official	Type: e.g. Coach,	Manager, Referee, Trainer	
Official Type:		Are you Accredited/Qualified:	YES — please list below (TICK APPLICABLE BOX)
Current Accreditation/Qualifications:		Voar Ac	credited:
			credited:
			credited:
		Year Acc	
Registration Details (Complete applicable fields o	only)		
1. CLUB NAME:		AGE/GRADE:	
2. CLUB NAME:			
Personal Details			
FIRST NAME:		MIDDLE NAME:	
SURNAME:		DOB:	
PREFERRED NAME/AKA:		NZREID NO	
Contact Details – Coach/Official			
ADDRESS:			<del> </del>
SUBURB:			ST CODE:
PHONE (H):	(W):		(M):
EMAIL:		and an action of the second and advantage	
Contact Details - Parent/Primary Care Provider			
FIRST NAME:		SURNAME:	
PHONE No: (if different to above):			
Identification (MUST sight 1 of the 3 options belo	ow)		
BIRTH CERTIFICATE NO:		PASSPORT NO:	COUNTRY:
DRIVERS LICENCE NO:			
Medical: - YES / NO (Please circle)			
If YES please list e.g. (asthma, epilepsy, diabetic et	tc):		_
Ethnicity (please circle) European	Maori	Pacific Islander	Other
Country of Birth:		. doine islande.	
,			The state of the NZDI control of the state o
By signing this form I declare that the above information database. I, the undersigned apply to be registered as a C			
of NZRL, the Sub-League (District) and the above club an time to time be made by the Club Sub-League or NZRL.			= -
fairly and to the best of my ability. I also acknowledge th	•	The state of the s	
Penrose) for the proper and efficient administration and p from the Club or Sub-League. For full details of NZRL's p			
website."			
Coach/Official Signature	Parent/Primary Care	Provider	Date
Club Secretary/Registrar Signature	Club Secretary/Registrar (Print Full Name)		 Date

District League Secretary (Print Full Name)