



### PLAYER'S DETAILS (Please print clearly)

|   |  |  |                |                                       |  |                     |           |
|---|--|--|----------------|---------------------------------------|--|---------------------|-----------|
| Given Name:   |  |  |                | Last Name:                            |  |                     |           |
| Address:  |  |  |                |                                       |  |                     |           |
| Suburb:   |  |  |                | State:                                |  |                     | Postcode: |
| Home Phone:   |  |  | Fax:           |                                       |  | Mobile:             |           |
| E-mail:   |  |  |                |                                       |  |                     |           |
| Date of Birth:  |  |  | Proof of Age   |                                       |  | Preferred Position: |           |
| School:   |  |  |                |                                       |  |                     |           |
| Do you consent to the provision of medical treatment in your absence? |  |  |                |                                       |  | Yes                 | No        |
| Country of Origin:  |  |  |                | Aboriginal or Torres Strait Islander? |  | Yes                 | No        |
| Medicare No.  |  |  | Doctor's Name: |                                       |  | Doctor's Contact:   |           |
| Health Fund:  |  |  |                | Fund No.                              |  |                     |           |
| Allergies:  |  |  |                | Medications                           |  |                     |           |

### MOTHER'S CONTACT DETAILS (Please print clearly)

|             |  |  |       |        |  |         |           |
|-------------|--|--|-------|--------|--|---------|-----------|
| Name:       |  |  |       |        |  |         |           |
| Address:    |  |  |       |        |  |         |           |
| Suburb:     |  |  |       | State: |  |         | Postcode: |
| Home Phone: |  |  | Work: |        |  | Mobile: |           |
| E-mail:     |  |  |       |        |  |         |           |

### FATHER'S CONTACT DETAILS (Please print clearly)

|             |  |  |       |        |  |         |           |
|-------------|--|--|-------|--------|--|---------|-----------|
| Name:       |  |  |       |        |  |         |           |
| Address:    |  |  |       |        |  |         |           |
| Suburb:     |  |  |       | State: |  |         | Postcode: |
| Home Phone: |  |  | Work: |        |  | Mobile: |           |
| E-mail:     |  |  |       |        |  |         |           |

### YES, I WOULD LIKE TO HELP

|         |  |  |                   |  |  |           |  |
|---------|--|--|-------------------|--|--|-----------|--|
| Coch    |  |  | Manager           |  |  | First Aid |  |
| Referee |  |  | Assistant Referee |  |  | Other:    |  |

### Registration Costs

|                       |          |  |                               |
|-----------------------|----------|--|-------------------------------|
| U6 & U/7              | \$60.00  | Registration fees for all players include: | Registration fees also cover: |
| U/8 & U/9             | \$115.00 | • Player Insurance                         | • Affiliation Fees            |
| U/10 – U/18           | \$140:00 | • Club Socks                               | • Ground maintenance          |
| Max. Payment (Jnrs)   | \$250.00 | • Team Photo                               | • Use of training equipment   |
| Sub-districts/Seniors | \$220.00 |  | • Clubhouse & amenities       |

### CONSENT (to be completed by parent / guardian)

I give my consent to the registration of the above person to play rugby for Burraneer in designated competitions, and I agree to abide by the rules and directions of Burraneer Rugby Club, SJRU and ARU

|            |  |  |  |                |        |          |  |
|------------|--|--|--|----------------|--------|----------|--|
| Signed:    |  |  |  | Date:          |        |          |  |
| Print Name |  |  |  | Please circle: | Parent | Guardian |  |

**Note: Sign reverse side of this page for ARU membership & insurance cover**

### ACCEPTANCE (to be completed by Club Registrar / Secretary)

|         |  |  |           |  |  |       |  |
|---------|--|--|-----------|--|--|-------|--|
| Signed: |  |  | Position: |  |  | Date: |  |
|---------|--|--|-----------|--|--|-------|--|



## ARU MEMBERSHIP FORM

|                    |                                       |     |    |
|--------------------|---------------------------------------|-----|----|
| Country of Origin: | Aboriginal or Torres Strait Islander? | Yes | No |
|--------------------|---------------------------------------|-----|----|

### PREFERENCES

The ARU, your Member Union and your Club may use your information to send you rugby related materials they consider may interest you (including newsletters, priority ticketing and season pass offers). In addition if you agree, the ARU, your Member Union and your Club may use your information to send you materials, offers and promotions from sponsors. If you would like to receive these offers, please indicate below:

|  |      |        |     |
|--|------|--------|-----|
| I wish to receive information from sponsors or licensees | Yes  | No     |     |
| My preferred method of delivery is:                      | Mail | E-mail | SMS |

### RELEASE & WAIVER

In consideration of the Australian Rugby Union Limited ("ARU") agreeing to accept and register you as a participant, you (or if the participant is under 18 years of age, that participant's parent or legal guardian on behalf of the participant): (i) undertake to be bound by the IRB Laws of the Game and Regulations ([www.irb.com](http://www.irb.com)), ARU Code of Conduct By-Law, and Policies (including ARU Anti-Doping Code and Member Protection Policy) ([www.rugby.com.au/policies](http://www.rugby.com.au/policies)); (ii) warrant that you have fully disclosed any suspension you may be serving imposed by any sporting body, and will disclose any suspension imposed in the future; (iii) undertake to pay all fees; (iv) agree that ARU, your Member Union or Club may use your name or image in any form or medium for marketing, promotional and research activities; (v) acknowledge that ARU may de-register you at any time by notice; (vi) acknowledge that the Game is a hazardous sport and that incidents may happen, and to the extent permitted by law, you waive all claims for liability against any participant and release every participant from all liability, provided that such liability arises while you are participating in any rugby activity. You agree that ARU will hold the benefit of this release and waiver on trust for all participants. ARU makes no warranties regarding services associated with the Game or the fitness for purpose of materials provided. For the purpose of this document: the "Game" means the game of Rugby, which includes Mini-Rugby, Midi-Rugby, Walla Rugby and games played under the Australian under-19 Laws; "participants" mean ARU and any other rugby union, rugby club or referees' association in Australia and any member, officer, official, administrator, coach, manager, selector, match official, physiotherapist, trainer, ball person or unqualified first aid officer associated with such body; "liability" means liability in tort or contract for any death, personal injury or damage to property including vicarious liability for assault but excluding other liability for assault; "rugby activity" means playing the Game or engaging in training for the Game or other activities directed or recommended by a participant

### ANTI-DOPING

The ARU condemns the use of performance enhancing substances in Rugby Football as both dangerous to health and contrary to the ethics of sport, and prohibits the taking or use of drugs or stimulants or involvement in other doping methods prohibited by World Anti Doping Code. Refusal to provide a sample for testing also incurs sanctions. A copy of the ARU's Anti-Doping By-Laws is available on both ARU's website and on request from the ARU. You agree to observe the ARU's Anti-Doping By-Laws, to provide samples for testing wherever requested by the Australian Sports Anti-Doping Authority or the ARU (both in and out of season), and to observe the protocols for taking and verifying samples and for providing whereabouts notifications. You also agree to the publication of the results of any sample tested and of any findings of fact by an ARU judicial committee or Board and its decision whether or not to impose a sanction and release the ARU and the members of the judicial committee and Board from liability as a result of, and waive all claims you may have as a result of or in relation to, the publication of their findings of fact and decisions as to sanctions

### MINORS

In the case of the participant being a minor, a Parent or Guardian is requested to read and complete this form. In executing this document, the Parent or Guardian of the above minor (the "Minor"), agrees to indemnify and keep indemnified all participants in respect of any claims for the liability arising while the Minor is participating in any rugby football activity and acknowledges that the ARU will hold the benefit of this indemnity on trust for all participants

### PRIVACY STATEMENT

The ARU respects the privacy of the individuals on whom the ARU collects, uses and discloses personal information. The ARU is bound by the Privacy Act 1988 (Cth) and has a Privacy Policy that safeguards your privacy. For full details of the ARU Privacy Policy please see our website [www.rugby.com.au](http://www.rugby.com.au) or contact the Privacy Officer, Australian Rugby Union, Level 6, 29-55 Christie Street, St. Leonards NSW 2065 or via email at [privacy@rugby.com.au](mailto:privacy@rugby.com.au).

### SIGNATURE

I hereby warrant the above details are true & correct (Parent/Guardian to sign if member less than 18 yrs of age)

|      |      |           |
|------|------|-----------|
| Name | Date | Signature |
|------|------|-----------|

Full Name of Parent/Guardian (please print)

Accepted for, and on behalf of, the ARU by Club Secretary / Registrar and verified proof of identity and age (if required)

|      |      |           |
|------|------|-----------|
| Name | Date | Signature |
|------|------|-----------|

Full Name & Position (please print)