



WEST ARANA HILLS RUGBY LEAGUE CLUB

PANTHER CUB PROGRAM 2021

REGISTRATION FORM

So that we can keep your little Panther Cub safe, please fill out the Parent Consent and Indemnity Form information below and return before commencing the program.

CHILDS DETAILS

Name: _____ D.O.B _____

Address: _____ Postcode: _____

School/day-care (If Applicable) _____ Year
Level/Class _____

Any Relevant Medical Issues

_____ Shirt Size: _____

PARENT/CARER DETAILS

Name: _____

Name: _____

Relationship to Child: _____

Relationship to Child: _____

Address: _____

Address: _____

E mail: _____

E mail: _____

Phone: _____

Phone _____

By Registering your child to participate in the West Arana Hills RLFC Panther Cubs Program you agree to have read and agreed with the terms and conditions of the Parent Consent Indemnity Form (attached):



REGISTRATION POLICIES

Registration Fee must be paid when registration is accepted by the West Arana Hills Rugby League Football Club Secretary.

Please think carefully before registering. Once registration for the West Arana Hills Panther Cub Program has been accepted, there will be no refund possible.

Panther Cub Packs will be provided upon the first scheduled training session. The Parent/Guardian will be contacted/notified if there have been changes or problems with the supply of their pack and arrangements made by the West Arana Hills Rugby League Football Club to rectify the problem as soon as possible.

I agree that my child is permitted to have photography/film taken of them and may be subject to media promotion or coverage within the wider community.

Please Circle: Yes No

I agree with the above Registration Policies:

Parent/Guardian: _____ **Signature:** _____

Date: _____

Payments Details

Fee \$60 inclusive of:

5 x training sessions with Qualified Head Coach Ben Ryan and Former Brisbane Broncos, QLD, and Australian Rugby League Player Matt Gillett.

1 x West Arana Hills RLFC Start up pack and 1 x Brisbane Broncos Junior Member pack.

Please make payment to:

BSB: 124 068
Acc: 2257 8392

Reference: PC Surname - Panther Cubs / Surname

Payment is required by COB Monday 1st of November 2021 to participate in this program.



West Arana Hills Rugby League Football Club

PARENTAL CONSENT/INDEMNITY FORM

As a Parent/Guardian of
(Given names) (Surname)

I of
(insert your full name) (insert full address)

give my consent for him/her to participate in 2021 Panther Cub Program arranged by the West Arana Hills Rugby League Football Club.

I also give my permission for my child to travel and participate in other activities deemed necessary and under the sole direction of the person/s appointed in charge of the above-mentioned group, which he/she is involved. Such persons may take whatever reasonable disciplinary action they deem necessary to ensure the safety, wellbeing and successful conduct of the participants as a group, or individually in the abovementioned activity.

In the event of any illness, accident or injury, during the above mentioned times, I authorise the obtaining, on my behalf, of such medical or ambulance assistance as my child might require and accept responsibility for the payment of any expenses thus incurred. I further authorise qualified medical practitioners to administer anaesthetic and blood transfusions if such an eventuality arises.

I submit the attached relevant medical issues information about the above person and include details of limitations, which he/she has for activities concerned.

I agree to abide by the NRL Code of Conduct and understand its contents and conditions, and accept the parental responsibilities involved playnrl.com

I understand that every care will be taken to ensure his/her well being and I will not hold The West Arana Hills Rugby League Football Club Inc. or its officials, responsible for any injury or damage he/she may sustain to his/her person or property, and indemnify the club and it's officials in this regard.

Signed:.....
(parent/guardian)

Date: