

## EAST COAST TRIBAL LEAGUE - TEAM AFFILIATION FORM

<b>Tribal Club Name:</b>	
<b>Postal Address</b>	
<b>Main Contact Phone/Name:</b>	
<b>Email:</b>	
<b>ABN:</b>	
<b>ALTERNATE Contact/Name</b>	

Please Mark Affiliation below, please use one form for each Team.

<b>GROUP</b>	<b>Tick (as applicable)</b>
<b>MEN</b>	
<b>WOMENS</b>	

**Committee Representatives Position:**

	<b>NAME / MOBILE</b>
<b>Chairperson:</b>	
<b>Delegate 1:</b>	
<b>Delegate 2:</b>	
<b>Team Manager:</b>	
<b>Coach:</b>	
<b>Groundsmen:</b>	
<b>Sports Trainer:</b>	
<b>League Safe:</b>	

**Declaration (to be completed by authorised club representative)**

I declare, as an authorised representative of Team ( ) that we will abide by the East Coast Tribal League Rules and Regulations and the Code of Conduct that govern our participation in all Events.

I acknowledge that a failure to comply with the Rules and Regulations and Code of Conduct may result in disqualification from Events. That your club is aware of the inherent risks involved with participating in Rugby League and your Teams Knowingly assume those risks. It is compulsory for all players to get health checks from your Local Aboriginal Medical Service Provider. Prior to registering a Team.

**NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

