



CENTRAL HIGHLANDS JUNIOR RUGBY LEAGUE

PO Box 25

EMERALD QLD 4720

President – Shane Nixon

Secretary – Mellissa Chick

Treasurer – Tiffany Pulford

PARENTAL CONSENT TO PLAY RUGBY LEAGUE

Child's name: _____

Child's DOB: _____ / _____ / _____

Parent/ Guardian: _____

Residential Address: _____

Phone Number: _____

I, _____ as the parent/guardian of

_____ (Child's Name), consent to him / her playing for

_____ (Club Name) in the Under 6's League Tag competition

for the duration of the 2023 Central Highlands Rugby League season.

Signed: _____

Date: _____ / _____ / _____

Please email completed nomination forms to registrarchjrl@gmail.com