Logan Brothers Rugby League Club Inc.

SENIOR Player Application Form 2026

POLO SHIRT SIZE:_____ **DATE of BIRTH** ____/____/____

OCCUPATION:- _____

FIRST NAME:- _____

SURNAME:- _____

PHONE:- _____ **EMAIL**:- _____

ADDRESS:- _____

LAST REGISTERED Year _____ Club _____

Are you able to VOLUNTEER some of your time to ASSIST THE CLUB YES ☐ NO ☐ .

Are you able to VOLUNTEER some of your time to ASSIST OUR JUNIOR TEAMS - YES ☐ NO ☐ .

EMERGENCY CONTACT:- _____

PHONE:- _____ **RELATIONSHIP**:- _____

Do you suffer FROM	**YES / NO**	**Management**
Diabetes		
Asthma		
Epilepsy		
Do you experience any of the following signs and symptoms during training/playing?		
Undue shortness of breath		
Chest Pain		
Light headedness, dizziness or episodes of fainting		
Become tired/fatigues easily		
Previous Injuries	**When**	**Treatment**
Fracture		
Dislocation		
Neck Injury		
Back Injury		
Ankle Sprain		
Knee Problems		

Do you require strapping every game? **YES/NO** Where? _____

Have you suffered concussion in the last 3 Years? **YES/NO** How many times? _____

I (Player) agree to abide by the QRL code of conduct and to be subject to the constitution, rules and policies of the club.

PLAYERS SIGNATURE _____ **DATE** ____/____/____ **ONLINE CONFIRMED** ____