



**Logan Brothers Rugby League Club Inc.**  
**Membership Application Form - Juniors**

**CONTACT DETAILS**

**Parent / Guardian # 1**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone / Mobile: \_\_\_\_\_

**Email:** \_\_\_\_\_

Occupation: \_\_\_\_\_

**Parent / Guardian # 2**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone / Mobile: \_\_\_\_\_

**Email:** \_\_\_\_\_

Occupation: \_\_\_\_\_

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

**PLAYER DETAILS**

	Name:	Date of Birth:	Age Group:	New	Existing	Transfer
PLAYER 1	_____	_____	_____	_____	_____	_____
PLAYER 2	_____	_____	_____	_____	_____	_____
PLAYER 3	_____	_____	_____	_____	_____	_____
PLAYER 4	_____	_____	_____	_____	_____	_____

**OFFICE USE** Shirts:- \_\_\_\_\_ Tickets:- \_\_\_\_\_ Photo ID:- \_\_\_\_\_

Ethnicity  Australian  Aboriginal  Torres Strait Islander  Pacific Islander  Maori  Other (Please specify)

**Existing Member**

Year Last Registered (Played) with Logan Brothers \_\_\_\_\_

What year did you start playing for Logan Brothers \_\_\_\_\_

How many consecutive years have you been playing for Logan Brothers \_\_\_\_\_

**OR**

**Transfer Player** Year Last Registered \_\_\_\_\_ Club Last Registered \_\_\_\_\_

**Committee Endorsement** Date: \_\_\_\_\_ Approved  Not Approved



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**Medical Advice Form**

Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of person to contact in an emergency: \_\_\_\_\_

Phone / mobile: \_\_\_\_\_ Relationship: \_\_\_\_\_

I give permission to call an Ambulance in an emergency: YES / NO Medicare Number: \_\_\_\_\_

**PLAYER 1** – Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Does your child suffer FROM	Yes/No	Management
Diabetes		
Asthma		
Epilepsy		
Bronchitis		
Allergies (please list)		
Undue shortness of breath		
Chest pains		
Light headiness, dizziness or fainting		
Become tired / fatigued easily		
Concussion in the last 3 years		

**PLAYER 2** – Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Does your child suffer FROM	Yes/No	Management
Diabetes		
Asthma		
Epilepsy		
Bronchitis		
Allergies (please list)		
Undue shortness of breath		
Chest pains		
Light headiness, dizziness or fainting		
Become tired / fatigued easily		
Concussion in the last 3 years		

Any other conditions the Club should be aware of: \_\_\_\_\_

Are you aware of the inherent risks of participating in physical activities such as Rugby League? YES / NO

I declare this to be a true statement of my child(ren)'s health status as at the date below.

I will inform the Clubs First Aid Officer of any problems that may occur during the season that is relevant to my child playing Rugby League.

Signed.....Parent/Guardian

Date.....



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Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of person to contact in an emergency: \_\_\_\_\_

Phone / mobile: \_\_\_\_\_ Relationship: \_\_\_\_\_

I give permission to call an Ambulance in an emergency: YES / NO Medicare Number: \_\_\_\_\_

**PLAYER 3** – Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Does your child suffer FROM	Yes/No	Management
Diabetes		
Asthma		
Epilepsy		
Bronchitis		
Allergies (please list)		
Undue shortness of breath		
Chest pains		
Light headiness, dizziness or fainting		
Become tired / fatigued easily		
Concussion in the last 3 years		

Any other conditions the Club should be aware of: \_\_\_\_\_  
 \_\_\_\_\_

Are you aware of the inherent risks of participating in physical activities such as Rugby League? YES / NO

I declare this to be a true statement of my child(ren)'s health status as at the date below.

I will inform the Clubs First Aid Officer of any problems that may occur during the season that is relevant to my child playing Rugby League.

Signed.....Parent/Guardian Date.....

**5.1 Code of Conduct – Social Networking Site Policy**

Any player, official or anyone associated with the game including spectator, parent/guardian etc who is found to have improperly used any social networking site including Facebook, YouTube, Twitter and other similar mediums which concerns Rugby League in general or the Rugby League Brisbane - GBJRL in particular, may be brought before the Disciplinary Tribunal.

**Improper use of a social networking site includes:**

5.1.1 Insulting any person involved in the Rugby League Brisbane - GBJRL including but not limited to all on field match officials and players;

5.1.2 Partaking in bullying any person involved in the Rugby League Brisbane - GBJRL by making offensive, racist, sexist or abusive comments about a person; or

5.1.3 Engaging in any other behaviour that the Rugby League Brisbane - GBJRL management decides in its discretion is improper use of a social networking site or brings the game of Rugby League into disrepute.



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**Code of Conduct**

**This code of conduct is to be adhered to by both players and their Parents or guardians**

\*I will always play by the rules set down by the Greater Brisbane Junior Rugby League. PLEASE NOTE:-

**9.28 Representative Selection**

**If any player, after being selected or called up to train or play with any Australian, Queensland, Division, Local League, Representative or Trial Football Team, refuses without just cause acceptable to the QRL or the Administration Unit as defined by the Rules, he/she will be suspended immediately for two (2) competition matches for his/her club and he/she may be further suspended, fined, disqualified or dealt with by the QRL or the Administration Unit.**

\* I am aware that the GBJRL can suspend players for misconduct on the football field.

\*I will NEVER argue with an official.

\*I understand that verbal, physical, and racial abuse is not tolerated within the club and the junior rugby league.

\* I will always show good sportsmanship to my team and the opposing team.

\* I will treat all players, duty officials, referees, coaches, managers and spectators as I would like to be treated.

\* I will respect the rights, dignity and worth of all people involved in the game regardless of their gender, ability, or cultural background.

\* I will co-operate with my coach, coaching staff, team members and opponents in a professional manner.

\* If I have a complaint I will be put the facts in writing and submit to the club via the team manager.

\* I am aware that all parents are to remain **OFF** the field during training sessions, unless the coach has requested assistance.

**I agree to abide by this code of conduct and to be subject to the rules and policies of the club. I understand that if I breach this code of conduct that there will be penalties enforced upon me. I am aware that Logan Brothers has the right to request I appear before a disciplinary panel for any misconduct with the possibility of a temporary or permanent suspension from the club for serious breach of conduct. I am aware that the Logan Brother’s committee is made up of volunteers who give up their time to run the club.**

Signed..... Player 1 Date.....

Signed..... Player 2 Date.....

Signed..... Player 3 Date.....

Signed..... Parent/Guardian Date.....

Signed..... Parent/Guardian Date.....