WAIKATO CENTRAL JUNIOR RUGBY									
PLAYER IDENTIFICATION SHEET									
	Surnamai								

					Surname:						
				First Name		s:					
				Address:							
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Recent Photo Here				Phone:							
				Date of B		th:					
				School:							
					ID Type:						Attach Copy
					Signature		NCJR:				
Parents/Caregiver									Idroool		
Names:							Email Address:				
Season (Year)	Age (31st Do		School Year	W	leight (kg)	G	rade	Club		I	WCJR Rep
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						TEMPORARY / PERMANENT GRANTED / DECLI				GRANTED / DECLINED	

<u>Note:</u> It is the team coach / manager's responsibility to ensure that this Player Identification Sheet is updated and authorised each season. An authorised sheet must be available at all times and must be produced if requested before the player takes part in any game.