			Player Surname	<b>)</b> :				
			Player First Nar	nes:				
			Gender: M/F	E	thnicity:			
			Address:					
	Place Recent							
	Photo		Parent Phone N	lo:				
	Here		Player Date of E	Rirth:				
			Player School:					
			Medical Conditi	one:				
				ons.		Signatura W	IC ID:	
Devent/Level Cod	undian Fuscile		Player ID Type:			Signature W	CJK.	
Parent/Legal Guardian Email:								
Parent/Legal Guardian Name:  Note: 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.								
(Year)	Age (31st Dec)	Year	(kg)	Grade	Club			WCJR Rep
REP TEAMS PLAYED FOR								
YEAR TEAM				YEAR	AK		TEAM	
DISPENSATION APPLICATIONS								
YEAR	GRADE	FROM			ARY / PERI	MANENT GRANTED / DECLINED		
. = 7 11 1	OTABLI ITOM		0.0.02		ORARY / PERMANENT		GRANTED / DECLINED	
					ARY / PERI			NTED / DECLINED
						/ PERMANENT GRANTED / DECLINED		

WAIKATO CENTRAL JUNIOR RUGBY PLAYER REGISTRATION/ID SHEET