



LRFC.FRM.007

**MINIROO PLAYER REQUEST TO PLAY
ABOVE NOMINATED AGE GROUP FORM**

NOTE: ALL INFORMATION MUST BE PRINTED CLEARLY

NAME: _____
 LEGAL FIRST NAME MIDDLE NAME LAST NAME

AGE: ____ BIRTH DATE: ____ / ____ / _____ MALE/FEMALE: ____ FFA NUMBER: _____

PARENT\GUARDIAN NAME: _____

PARENT\GUARDIAN EMAIL: _____

CONTACT NUMBER/S: _____

NOMINATED AGE GROUP (TEAM): _____

REQUESTED AGE GROUP (TEAM): _____

PARENT\GUARDIAN SIGNED **DATE**

NOTE: BY SIGNING YOU ARE AGREEING WILL **ALL** OF THE CONDITIONS OF POLICY LRFC.POL.007

CLUB ASSESSMENTS

Assessment Game 1 & Date: _____

Assessment Game 2 & Date: _____

Coaching Coordinator: _____ Coach/s: _____

- a. Technical Ability Pass [] Fail []
- b. Physical Ability Pass [] Fail []
- c. Mental Ability Pass [] Fail []
- d. Social Ability Pass [] Fail []

[Tick relevant box]

COACHING COORDINATOR SIGNED **DATE**

CLUB APPROVAL AND FEES

LRFC COMMITTEE Approved [] Denied []

NEW REGISTRATION FEE \$ _____.

PRESIDENT SIGNED **DATE**