

Logan Brothers Rugby League Club Inc.

SENIOR Player Application Form					
POLO SHIRT SIZE: DATE of BIRTH//	FIRST NAME:				
OCCUPATION:	SURNAME:				
PHONE: EMAIL:					
ADDRESS:					
LAST REGISTERED Year Club					
Are you able to VOLUNTEER some of your time t	to ASSIST THE CLUB YES 🗌 NO 🗌 .				
Are you able to VOLUNTEER some of your time to A	ASSIST OUR JUNIOR TEAMS - YES 🗌 NO 📃 .				
 The club's CODE OF CONDUCT is to be I am aware that Logan Brothers is run by a Committee of given by the Committee. I will always play by the rules set down by Queensland Rue I will cooperate with my coach, manager, team members at I will treat all players, duty officials, referees, coaches, man I will respect the rights, dignity and worth of all people invocultural background. I will care for and respect the facilities and equipment mad Always respect the Referee's decision, NEVER argue with I am aware that Rugby League Brisbane can suspend plays I will control my temper. I understand that verbal abuse of distracting or provoking an opponent is not acceptable or provoking an opponent is not acceptable or provoking an opponent is not acceptable or provoking. I will treat all players in my sport as I like to be treated. I we competitor. I will display modesty in victory and graciousness in defeat I will not arrive at any field intoxicated prior to a match. I have a complaint, I will put the facts in writing and subnomed and submediated prior to a match. 	Volunteers and will abide by any reasonable direction gby League and Rugby League Brisbane. and opponents in a professional manner. nagers, and spectators as I would like to be treated. olved in the game, regardless of their gender, ability or le available during training and competition. an official of a Rugby League game. yers for misconduct on and off the football field. f officials and sledging other players and deliberately permitted behaviour in any sport. they are made by my team of the opposition. vill not bully or take unfair advantage of another t.				
I agree to abide by this code of conduct and to be subject club. I understand that if I breech this code of conduct t am aware that Logan Brothers has the right to request I misconduct with the possibility of a temporary or perma	hat there will be penalties enforced upon me. I appear before a disciplinary panel for any				

PLAYERS SIGNATURE	DATE /		ONLINE CONFIRMED
		/	

breach of conduct.



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NAME:	MEDICARE NUMBER					
FAMILY DOCTOR:	Y DOCTOR: PHONE					
I give permission to call an Ambulance in an emergency: Y	/ES / 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						
Allergies (please list) Do you take any regular medication/s? YES/NO						
Reason:	Type:					
Do you require strapping every game? YES/NO Where?						
Have you suffered concussion in the last 3 Years'	? YES/NO	How many times?				
Treatment						
When did you have your last full medical checkup?						
Other information relevant to managing an injury you may						
Are you aware of the inherent risks of participating in phys	ical activities	such as Rugby League? YES / NO				
I declare this to be a true statement of my health status as problems that may occur during the season that becomes						

PLAYERS SIGNATURE _____

DATE	/	/	/

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