



## Letter of Consent

### Compulsory for

Players between the age of 4 (four) and 17 (seventeen) registered with the CSDJRFL when playing in an age group 1 (one) above the competition in which they should compete accordingly to their date of birth

Please accept this as authorisation for:

(Name) \_\_\_\_\_

(ARLID) \_\_\_\_\_

Of

(Club) \_\_\_\_\_

To participate in any game of Rugby League authorized by the CSDJRFL:

One year above the age group in which they should ordinarily compete

(please tick)

This consent is valid for:

One game only (date) \_\_\_\_\_

The entire 2016 competition

(please tick accordingly)

Printed \_\_\_\_\_ (Parent/Guardian) Signed \_\_\_\_\_

Printed \_\_\_\_\_ (Club Official) Signed \_\_\_\_\_

Dated \_\_\_\_\_

(This completed form must be returned to the Secretary of CSDJRFL with score sign on sheets)