



TryRugby Centre: _____

Parent Information

MR/MRS/MISS/MS _____

ADDRESS _____

SUBURB _____ STATE _____ P'CODE _____

PHONE (H) _____ PHONE (W/M) _____

EMAIL _____

CHILD A

NAME _____

SEX _____
DOB _____ AGE _____

SCHOOL _____

Medical Conditions or Allergies:

Do you identify as Aboriginal or Torres
Strait Islander Y / N?

CHILD B

NAME _____

SEX _____
DOB _____ AGE _____

SCHOOL _____

Medical Conditions or Allergies:

Do you identify as Aboriginal or Torres
Strait Islander Y / N?

PAYMENT DETAILS

There will be no refund for any session missed or inclement weather.

PAYMENT TYPE

- Cash
- Cheque **(Please make cheques payable to - Forest Rugby Union)**
- Credit Card: Visa Bankcard MasterCard

Cardholders name _____

Card number _____

Expiry date ____ / ____ Total amount paid \$ _____

Signature _____