

PLAYER REGISTRATION

ABERAVON
FIGHTING IRISH

Upon completion, please return this form to contact@aberavonfightingirish.com



Please attach a recent, head and shoulders, passport style photograph of yourself with your form.

First Name(s)

Last Name

Email

Phone

Address

Date of Birth

Country of birth

What country or countries do you qualify to represent?

FORM CONTINUED OVERLEAF >

Current rugby league club

Current rugby union club

Positions played

Height

Weight

Chest size

Waist size

Which of the following best describes your gender?

Male

Female

Non-Binary

Prefer not to say

Other:

Do you consider yourself to have a disability?

Yes

No

If yes, what is the nature of that disability?

I give consent for Aberavon Fighting Irish RLFC to use the above details to contact me.

Signed

Date

Upon completion, please return this form to contact@aberavonfightingirish.com



REMEMBER: Please attach a recent, head and shoulders, passport style photograph of yourself with your form.