



## NZRL PLAYER CLEARANCE CERTIFICATE International & Domestic



I, the undersigned, being a registered New Zealand Rugby League player, hereby make application, in accordance with the By-Laws of the New Zealand Rugby League Incorporated, for a clearance to play Rugby League overseas/inter-District and submit the following information for consideration:

**TO BE COMPLETED BY THE PLAYER OF CLUB**

**OFFICE REFERENCE NO:.....**

PLAYER'S NAME (PRINT) : .....	DATE OF BIRTH : .....
ADDRESS : .....	
REQUEST <b>CLEARANCE FROM:</b> .....	RL CLUB IN DISTRICT/GROUP: .....
COUNTRY:.....	<b>TO:</b> .....
RL CLUB IN DISTRICT/GROUP: .....	COUNTRY:.....
YEAR PLAYER LAST PLAYED: .....	

**This form is to be sent to the Player's Club from whom he/she requires a clearance and then after clearance is to be sent to that Club's District League who will forward to the NZRL.**

**Club Sign Off:.....Name & Role:.....**

**District/Group Sign Off:.....Name & Role:.....**

### PLAYERS DETAILS AND HISTORY (Overseas Clearances Only)

HIGHEST CLUB OR REGISTRATION: ..... YEAR: .....

#### REPRESENTATIVE HISTORY TYPE

NATIONAL JUNIOR COMPETITION: ..... Age/Grade:.....Year: .....

NATIONAL COMPETITION: ..... Age/Grade:.....Year: .....

PROVINCIAL COMPETITION: ..... Age/Grade:.....Year: .....

REGIONAL COMPETITION: ..... Age/Grade:.....Year:.....

NEW ZEALAND REPRESENTATIVE: ..... Age/Grade:.....Year:.....

PLAYER CATEGORY: .....

JNR REP DEBUT FEE: \$ ..... NYC DEBUT FEE: \$..... NRL DEBUT FEE: \$.....

NOTES: .....

#### **CLEARANCE ISSUED BY:**

NAME: .....SIGNATURE: ..... DATE: .....

SPECIAL CONDITIONS: .....

I understand that the above information is true and correct and that this clearance is issued as per the NZRL Constitutions' By-Laws on International clearances and (Clearances to Australia only) in accordance with the NRL Development Fee Guidelines and Fee Schedules.

(This form is required to be signed by a Parent/Guardian/or Caregiver if the player is under the age of 18 years as at the date of signing).

**Player / Parent / Guardian / Caregiver Signature : ..... Date : .....**  
( CIRCLE RELEVANT SIGNATORY )