



Australian Rugby League National Coaching Accreditation Scheme

QUEENSLAND RUGBY LEAGUE

2011 Coaching Director Update

COACHING

League	<input type="checkbox"/> Townsville	<input type="checkbox"/> Cairns	<input type="checkbox"/> Mackay	<input type="checkbox"/> Eacham
	<input type="checkbox"/> Innisfail	<input type="checkbox"/> Mt Isa	<input type="checkbox"/> Other _____	

RELEASE

I understand that participating in the activities of the **Queensland Rugby League** carries with it the inherent risk of serious physical injury. I _____ hereby agree to release and hold harmless the **Queensland Rugby League** and its **Divisions and affiliated clubs** in the event of injury. I have read and fully understand this waiver and hereby agree to release and hold harmless the **Queensland Rugby League** and its **Divisions and affiliated clubs** in the event of injury.

Signed: _____ Date: ____/____/____

Candidates Name: _____

Date of Birth: ____/____/____ ARL Folio No. _____

(Previous ARL Course)

Blue Card Number: _____ Exp: ____/____/____

Address _____

Suburb _____ Post Code _____

Phone (h) _____ (w) _____

(m) _____ (e) _____

Club _____ Grade Coaching _____

NOTE: This application must be fully completed and lodged before acceptance. Lodgement of applications after closing date will not be accepted.

Submit all applications to: **Development Officer, QRL Northern Division**
PO Box 547
TOWNSVILLE QLD 4810

Payment Received: Cheque / Money Order / Cash	For Office Use Only	Receipt No.
Paid By:.....	Cheque Details:.....	
Signed:.....	Date:..... Received Books: Y / N	