



# FINAL SQUAD DECLARATION FORM SDF1

## 1.0 CLUB CONTACT DETAILS

<b>Club Name</b>	
<b>Team Manager's Mobile #</b>	
<b>Team Manager's Email Address</b>	

## 2.0 STAFF DETAILS

<b>Position</b>	<b>First Name</b>	<b>Last Name</b>	<b>BRN/NRLID</b>
Head Coach			
Assistant Coach/Gear Steward			
Team Doctor/Physio			
Team Trainer/ Gear Steward			
Team Manager/ Gear Steward			

## 3.0 EMERGENCY CONTACT PERSON & AMBULANCE STEWARD

<b>Contact 1</b>	
<b>Name</b>	
<b>Mobile #</b>	
<b>Contact 2</b>	
<b>Name</b>	
<b>Mobile #</b>	

Please enter the names of the persons who will be contacted in case of your Team's medical emergency for player injury needing extra medical attention/care (including accompanying players in an ambulance).

## 4.0 MATCH DETAILS

<b>Competition Name</b>	
<b>Category/Grade</b>	
<b>Opposing Team Name</b>	
<b>Kick-off Time</b>	
<b>Round</b>	
<b>Venue</b>	

**5.0 18-MEMBER SQUAD:**

List down the First &amp; Last Names of your 18-man squad as it appears of the Player's Birth Certificate.

#	First Name	Last Name	BRN/NRLID
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			

**6.0 DECLARATION:**

I \_\_\_\_\_, of \_\_\_\_\_ (residential address),  
 hereby do solemnly declare that the information on this form are true and correct. And that the individuals  
 whose names have been herein submitted are:

- (a) Double Vaccinated (i.e. received 2 injections of the COVID-19 vaccine);
- (b) Registered to FNRL using the Participant Registration Form (PR101 Form); and,
- (c) Registered to FNRL using the NRL MySideline application.

Signature: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Office Use Only (To be completed by Match Operations Staffs)**

Match Commissioner:	Referee:
Touch Judge 1:	Touch Judge 2:
Received by:	Time Received:
Verified by:	Date:
Signature:	