

PHYSICAL OR INTELLECTUAL DISABILITY TEAM

EXPRESSION OF INTEREST FORM

RDRL



• PLAY RUGBY LEAGUE
• GAIN USEFUL SKILLS FOR LIFE
• HAVE FUN
• MAKE FRIENDS

PHYSICAL OR INTELLECTUAL DISABILITY TEAM // EXPRESSION OF INTEREST FORM FULL NAME: PHONE NUMBER: DOB: EMAIL ADDRESS: DISABILITY: (PLEASE TICK) PHYSICAL LEARNING FURTHER DETAILS: MEDICAL REQUIREMENT: RUGBY EXPERIENCE: EMERGENCY CONTACT NAME: RELATIONSHIP: PHONE NUMBER: