

ENTRY FORM

Event Name: _____ Entry No: _____

Participant Details:

Full Name: _____

Date of Birth: _____

Gender: _____ Nationality: _____

Address: _____

Phone Number: _____

Email Address: _____

Emergency Contact Details:

Contact Name: _____

Relationship: _____ Phone Number: _____

Entry Details:

Category/Event: _____

Division/Age Group: _____

Team/Club Name (if applicable): _____

Uniform/Equipment Requirements: _____

Medical Information:

Do you have any pre-existing medical conditions or allergies? If yes, please specify:

Are you currently taking any medication? If yes, please specify:

Acknowledgement and Consent:

I, the undersigned, hereby declare that the information provided in this Entry Form is true and complete. I understand that providing false or incomplete information may result in disqualification from the event. I acknowledge and accept that participation in this event involves inherent risks and I voluntarily assume all such risks. I release and hold harmless the event organizers, sponsors, and their representatives from any liability for injury, loss, or damage arising out of my participation. I consent to any emergency medical treatment that may be deemed necessary during the event. I confirm that I have read, understood, and agree to abide by the rules and regulations of the event, including any applicable Australian laws and regulations. I also grant permission for the use of my name, image, and performance in any media for promotional purposes related to the event.

Signature and Date:

Signature: _____ Date: _____

PARTICIPANT'S SIGNATURE

GUARDIAN'S SIGNATURE (if participant is under 18)

Signature: _____

Signature: _____

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