

# Go With da FLOW 2009 -2010 Participation Form

**FOR ALL PARTICIPANTS AGE 15-25 TO COMPLETE AND RETURN ASAP!!!!!!!!!!!!!!**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ School attended (if applicable): \_\_\_\_\_

Email address: \_\_\_\_\_

Language spoken at home other than English: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Ambulance Subscription: YES / NO

Person to contact in case of emergency: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Mobile/Work) \_\_\_\_\_

How did you find out about **Go With da FLOW**? \_\_\_\_\_

## **MEDICAL INFORMATION**

Do you suffer from any illness, condition or disability? (Please give details)

\_\_\_\_\_

Do you currently take any medication (including Ventolin)? (If so, please specify)

\_\_\_\_\_

Are you allergic to any drugs? (Please list)

\_\_\_\_\_

Do you have any other allergies? (Please list)

\_\_\_\_\_

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I, the undersigned, authorise the SMRC and its representatives in the event of any unforeseen accident or illness to obtain such medical assistance as is required and agree to meet any expense attached thereto.

*I also realise that whilst participating in this activity, if my behaviour is deemed by the organisers to be inappropriate, then I may not be allowed to further participate and may be sent home at my own expense.*

Signed (Participant): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

If under the age of 18, your Parent/Guardian must also sign below:

I, the parent/guardian of \_\_\_\_\_, hereby authorise my child to take part in **Go with da FLOW 2009-2010**. I authorise SMRC and its representatives in the event of any unforeseen accident or illness to obtain such medical assistance as is required and agree to meet any expense attached thereto.

Signed (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

\* SMRC is collecting this information for the purpose of registration for Go with da FLOW 2009/2010. The information collected will only be used for administrative purposes, to deliver information about other SMRC/EYC activities if requested, and for contact in the event of an emergency, and will not be disclosed to any other party except as required by law.

