2020 Multi – Sport Day Registration Form

Group

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| **CLUB / ASSOCIATION/ SCHOOL - DETAILS** |
| Type of organisation (please circle): SCHOOL / CLUB / ASSOCIATION / OTHER |
| Name of organisation:  |
| Street address of organisation:  |
| Phone number:  |
| **PRIMARY CONTACT DETAILS** |
| Name of contact person:  |
| Email address:  |
| Phone number: |
| Position:  |
| **PROGRAM INFORMATION** |
| Multisport Fun Day |
| How many people from your organisation will be participating in the program:  |
| **AGREEMENTS** |
| * The participating organisation is responsible for insurance for all participants participating in the WA iSports organised multisport fun day.
* The participating organisation is responsible for providing support throughout the event to the person/people they are supporting.
* The participating organisation is responsible for ensuring that their attending participants are fit to undertake activities.
* In case of an emergency, participating organisations must be able to provide their attending participants emergency contact details and medical information.
* WA iSports is not responsible for any costs associated with transport to hospital by ambulance should it be deemed to be necessary and/or subsequent medical treatment.
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| **TERMS AND CONDITIONS** |
| * The participating club/association operates as a financially independent entity and provides its own staff.
* All insurance for participant coaches and support staff is the responsibility of the participating group/association.
* The participating club/association acknowledges that it is not a subsidiary or agent of WA iSports
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| Form completed by:  |
| Position held:  |
| Signature: Date:  |
| **Comments:**  |
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|  | **FIRST NAME** | **SURNAME** | **DISABILITY** | **WHEELCHAIR** | **AGE approx** | **MEDIA CONSENT** |
| **Y or N** | **Y or N** | **Y or N** |
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