2020 Multi – Sport Day Registration Form Individuals

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| **INDIVIDUAL DETAILS** |
| Participants Name: |
| Name of support person: |
| Phone number (contact during the day): |
| **EMERGENCY CONTACT DETAILS** |
| Name of contact person: |
| Email address: |
| Phone number: |
| Relationship to participant: |
| **PROGRAM INFORMATION** |
| Multisport Fun Day 31st March 2020, Payne Park, East Bunbury. |
| **AGREEMENTS** |
| * Support is to be provided by a DSO, family member or responsible adult should the person participating require assistance whilst at the event * The person or organisation registering the participant is responsible for ensuring the individual is fit to undertake activities and the person provided with the required support * Emergency contact details are provided for the participant, and the emergency contact person will be available to answer a call at all times during the event * WA iSports is not responsible for meeting personal care requirements of individuals attending the event, for example providing assistance with applying sun block, toileting, eating * WA iSports is not responsible for any costs associated with transport to hospital by ambulance should it be deemed to be necessary and/or for subsequent medical treatment and the person signing this form acknowledges that WA iSports will not pay for medical transport or treatment. |
| **TERMS AND CONDITIONS** |
| * All insurance for participants is the responsibility of the participating person/support organisation. |
| Form completed by: Relationship to attendee: |
| Signature (electronic permissible): Date: |
| **Comments:** |

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|  | **FIRST NAME** | **SURNAME** | **DISBILITY** | **WHEELCHAIR** | | **AGE** | **MEDIA CONSENT** | | **COMMENTS** |
| **Y OR N** | **Y** | **N** | **Y** | **N** |
| **1** |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |