



Queensland Association Of Bodyboarding Inc. Medical Form

ALL APPROPRIATE DETAILS MUST BE COMPLETED FOR SAFETY PURPOSES.

Competitor information

Name: _____ D.O.B: _____
Address: _____ Post Code: _____
Phone: _____ Doctor: _____ Doctor Ph: _____

Medical information

FURTHER INFORMATION OR SPECIAL INSTRUCTIONS FOR EMERGENCY ACTION PLEASE SPECIFY.

EPILEPSY	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
FAINTING or DIZZY SPELLS	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
HEART CONDITION DIABETES	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
EAR DISORDER	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
ASTHMA	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
ALLERGIES	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
INSECT BITES ETC	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
OTHER	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____

I hereby give my permission for Officials of the QAB Incorporation to seek any medical service that I, or my son / daughter may require in case of accident.

Applicants Signature: _____ Applicants Name: _____ Date: _____
(or Parent Guardian if U 18)

QAB Inc. Code of conduct

- All competitors should exhibit a professional and sportsmanlike attitude when representing QAB Inc. at any event.
- Alcohol or drug abuse will not be tolerated while representing QAB Inc. Offenders will be excluded from competition for the remainder of that year.
- Respect the rights, dignity and worth of all participants regardless of their gender, ability, cultural background or religion.
- Co-operate with Committee members, team managers and organisers of events.
- Obscene language will not be tolerated at any time.
- All athletes are expected to perform to the best of their ability at all times.
- If you are changing in a car park or near a comp. area , always maintain decency.
- Avoid any behavior that is deemed to bring the sport of Bodyboarding into disrepute.

I HAVE READ AND UNDERSTOOD THE 'CODE OF CONDUCT'.
I AGREE TO ADHERE TO THE 'CODE' WHILST A MEMBER OF QAB Inc

Competitors Signature: _____ Competitors Name: _____ Date: _____

ALL COMPETITION ENTRIES MUST BE ACCOMPANIED BY A MEDICAL FORM.