



# THE 2013 GOOSE GOSBY MEMORIAL



**Date: Sat 5<sup>th</sup> October, 2013**

**Check In: 6.45am at Lighthouse Beach SLSC, Port Macquarie**

**Entry Fee: \$50.00 per Division.**

**Closing Date: Wednesday 2<sup>nd</sup> October**

**Venue to be decided based on conditions.**

**ENTRIES WITHOUT PAYMENT WILL NOT BE ACCEPTED**

All Cheque or Money Orders Payable to: P.M.B.A

PO Box 1133

Port Macquarie NSW 2444

or via direct deposit-

Acc Name : PMBA Inc BSB:062592 Acc No: 10176576

Phone contact: - Kylee Kay-0458480630 or Jane Dunn - 0403009064

**Division (age as at 31<sup>st</sup> December 2013)**

<b><u>GROMMETS:</u></b>	( ) 10 to 13 yrs of age	Trophy & Prizes
<b><u>CADETS:</u></b>	( ) 14 to 15 yrs of age	Trophy & Prizes
<b><u>JUNIORS:</u></b>	( ) 16 to 17 yrs of age	Trophy & Prizes
<b><u>MENS:</u></b>	( ) 18 yrs of age & over	Trophy & Prizes
<b><u>DROP KNEE:</u></b>	( ) OPEN	Trophy & Prizes

**Application for Entry**

*All applicants must sign the entry form and applicants under 18 years at the date of signing must have the entry signed by a parent/guardian. Unsigned applications will NOT be considered. All applicants must have good swimming ability and knowledge of surf safety.*

NAME: \_\_\_\_\_ DOB:     /     /     PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

PARENT / GUARDIAN or  
APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE ALSO COMPLETE AND SIGN THE MEDICAL FORM ATTACHED.

# MEDICAL INFORMATION FORM

APPLICANTS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

CONTACT PHONE NUMBER(S): \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

MEDICAL CONDITION ( <i>circle</i> ) (including medication/treatment/special instructions)	FURTHER INFORMATION
Epilepsy.....yes / no:	_____
Fainting / Dizzy Spells..... .yes / no:	_____
Heart Condition.....yes / no:	_____
Diabetes..... .yes / no:	_____
Ear Disorder.....yes / no:	_____
Asthma..... yes / no:	_____
Allergies (inc insect bites)..... yes / no:	_____
Other Conditions..... yes / no:	_____

*I hereby give my permission for the Officials of PMBA to seek any medical service that I/my son/my daughter may require in the event of any accident or medical emergency.*

### Code of Conduct

- ❖ *All members should exhibit a professional and sportsmanlike attitude when competing..*
- ❖ *Alcohol or drug abuse will not be tolerated. Offenders risk exclusion from the event.*
- ❖ *All competitors will respected the right, dignity and worth of all other participants regardless of their gender, ability, cultural background, race or religion.*
- ❖ *All members will co-operate with Committee Members and organizers of the event.*
- ❖ *Obscene language and inappropriate behaviour will not be tolerated at any time.*
- ❖ *All competitors are expected to maintain a level of decency in respect to changing in public areas at all times.*
- ❖ *All competitors are expected to avoid behaviour that could bring the sport of Bodyboarding into disrepute.*

### Disclaimer

In consideration of my participation in the Goose Gosby Memorial I intend to be legally bound and do hereby for myself my heirs and administrators waive, release and forever discharge all rights to claims for damages which may hereafter accrues against the Goose Gosby Memorial, its officials, employees, agents and sponsors of any liability or responsibility arising from any injury received or incurred by participating in the event. I further acknowledge that I voluntarily assume all risks arising from conditions related to the use of the contest site and surfing area by myself and others. **I will comply with any and all rules announced at the event or attached to the event notice board.**

APPLICANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN'S NAME: (for under 18 yrs) \_\_\_\_\_

PARENT / GUARDIAN SIGNATURE: \_\_\_\_\_