Entry Form - THE PORT MACQUARIE PRO + NSW State Round 2
Date: 15th - 18th of July 2010 presented by Port Macquarie Hastings Council

Presented by:

port macquarie — COME OUT OF YOUR SHELL

DESIGNS

To Enter: Complete details below and attach medical form
Important: All applicants must sign entry form and applicants U/18 years of age must have entry form signed by Parent/Guardian.

Note: UNSIGNED APPLICATIONS AND APPLICATIONS WITHOUT MONEY OR MEDICAL FORMS WILL NOT BE ACCEPTED...

Entry Fee: **Professional Divisions:** $90 for the pro mens division - $90 for the DK & Womens division (remember your membership to BBA for points & prize money)
Amateur Divisions: NSW Bodyboarding affiliated members, $90.00. (per division for amateur + $50 per additional division) Non-affiliates must join an affiliated nsw bodyboard club.

Closing Date: Last Mail - 7th of July LATE FEE of $20 is applicable to entries received after last mail.

Supported by:

Port City BOWLING CLUB

Information: **NSW State Rnd 2;** 15-18th July, **Time:** 6.30am **Check-in:** Town Beach Carpark.
Port Mac Pro; 15-18th July, **Time:** 6.30am **Check-in:** Town Beach Carpark.

Make all Cheques/Money Orders made payable & post to: Bodyboarding New South Wales PO Box 1264 Port Macquarie NSW 2444.

Contact: Brendan Ryan (Contest Director) 0405157926 and Terry McKenna (IBAA enquiries) 0401023661

QUALITY INN HW Boutique

Competitor information

Name: _____ **D.O.B:** _____

Street: _____ **Suburb:** _____ **State:** _____ **Post Code:** _____

Phone: _____ **Email:** _____ ☐ **Medical Form Attached**

Professional divisions

Open Professional Mens ☐ **Open Professional Womens** ☐ **Open Professional Dropknee** ☐

Make all Cheques/Money Orders made payable & post to: **Bodyboarding New South Wales PO Box 1264 Port Macquarie NSW 2444.**

Amateur divisions (NSW State Round 2) (age at 31st Dec 2010)

Grommets	10-13 years of age	☐	Open DK	open to all ages	☐
Cadets	14-15 years of age	☐	Masters	36-45 years of age	☐
Juniors	16-17 years of age	☐	Grand Master	over 45 years of age	☐
Open Mens	open to all ages	☐	Junior Women	Under 18 years of age	☐
Senior Mens	23-35 years of age	☐	Open Women	Over 18 years of age	☐

Make all Cheques/Money Orders made payable & post to: Bodyboarding Australasia Inc, PO Box 374 Newcastle NSW 2300.

Please Specify Your Club Membership: _____

Competition apparel

T-Shirt Size: (Free for Competitors) (please tick appropriate box) XS ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐

T-Shirt Size: (Extra's Wanted at $20 each) XS ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ (please put quantities in appropriate boxes)

In consideration of acceptance of my entry, I intend to be legally bound, do hereby for myself, my heirs and administrators, IBA Aust Inc, Port Macquarie Hastings Council, its affiliates and Surfing Australia waive, release and forever discharge any and all rights and claims for damages which may hereafter accrue against the competition, its officials, employees, agents and contest sponsors, of any and all liability and responsibility arising from any injury received or incurred by participating in this event. I will inspect the contest area and assure myself that the area is safe for bodyboarding and further agree that the area conditions are safe for bodyboarding purposes. Further I acknowledge that I voluntarily assume all risks arising from the conditions relating to the use of the contest site and surfing area by myself or others I will comply with the IBA Aust Inc. rules and any rules annouanced at the event. I agree to the release of all official photographs and video footage taken during this event, and its use by the IBA Aust Inc., SA, contest director and sponsors.

Applicants Signature _____ **Parents Signature** (if under 18years old) _____ **Date:** ___/___/___

IBA Australasia - MEDICAL FORM

ALL APPROPRIATE DETAILS MUST BE COMPLETED FOR SAFETY PURPOSES.

Competitor information

Name: _____ **D.O.B:** _____

Address: _____ **Post Code:** _____

Phone: _____ **Doctor:** _____ **Doctor Ph:** _____

Emergency contact - Next of Kin: _____ **Ph:** _____

Medicare No: _____

Medical information

FURTHER INFORMATION OR SPECIAL INSTRUCTIONS FOR EMERGENCY ACTION PLEASE SPECIFY.

	YES	NO	
EPILEPSY	☐	☐	
FAINTING or DIZZY SPELLS	☐	☐	
HEART CONDITION DIABETES	☐	☐	
EAR DISORDER	☐	☐	
ASTHMA	☐	☐	
ALLERGIES	☐	☐	
INSECT BITES ETC	☐	☐	
OTHER	☐	☐	

I hereby give my permission for Officials of the IBA Australasia 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)

IBA Australasia inc. Code of conduct

- All competitors should exhibit a professional and sportsmanlike attitude when representing IBA Aust Inc. at any event.
- Alcohol or drug abuse will not be tolerated while representing IBA Aust 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 IBA Aust Inc

Competitors Signature: _____ **Competitors Name:** _____ **Date:** _____

ALL COMPETITION ENTRIES MUST BE ACCOMPANIED BY A MEDICAL FORM.