

CREW FORM

PERSONAL DETAILS

Title:	First Name:	Surname:
Preferred Name:	Rider / Road Crew:	PWC Number:
Postal Address:	Suburb / Town:	State:
		Postcode:
Occupation:	Company:	
Mobile:	Phone Home:	Phone Work:

Email:

SHIRT SIZE (Please circle):

MENS S M L XL 2XL 3XL 4XL 5XL
 LADIES 8 10 12 14 16 18 20 22
 KIDS 4 6 8 10 12 14

Blue Card Number:

Blue Card Expiry:

MEDICAL INFORMATION

Date of Birth:	Next of Kin:
NOK Phone:	NOK Alternate Phone:
Allergies:	
Dietary Requirements (i.e. Vegetarian, Gluten Intolerant):	
Past Medical History:	
Current Medical Condition / Medication:	

ADDITIONAL INFORMATION

Do you have a GPS System:	Do you have your own EPIRB:	
Do you have a VHF Marine Radio:	Do you have a first aid certificate:	
PWC Licence Number:	PWC Licence State:	PWC Licence Expiry:
Driver's Licence Number:	Driver's Licence State:	Driver's Licence Expiry:
Approximately how many hours riding experience do you have?		
Do you have experience riding in open water?	Do you have experience in bar crossings?	

PARTICIPANT DECLARATION

I agree that all critical information provided in this form is true and correct at the time of filling in and I understand it is my responsibility to update Variety Queensland with any changes to the above medical information.

DATE: ____/____/____

SIGNATURE*: _____

SIGNATURE* OF PARENT OR GUARDIAN (if under 18 years): _____