



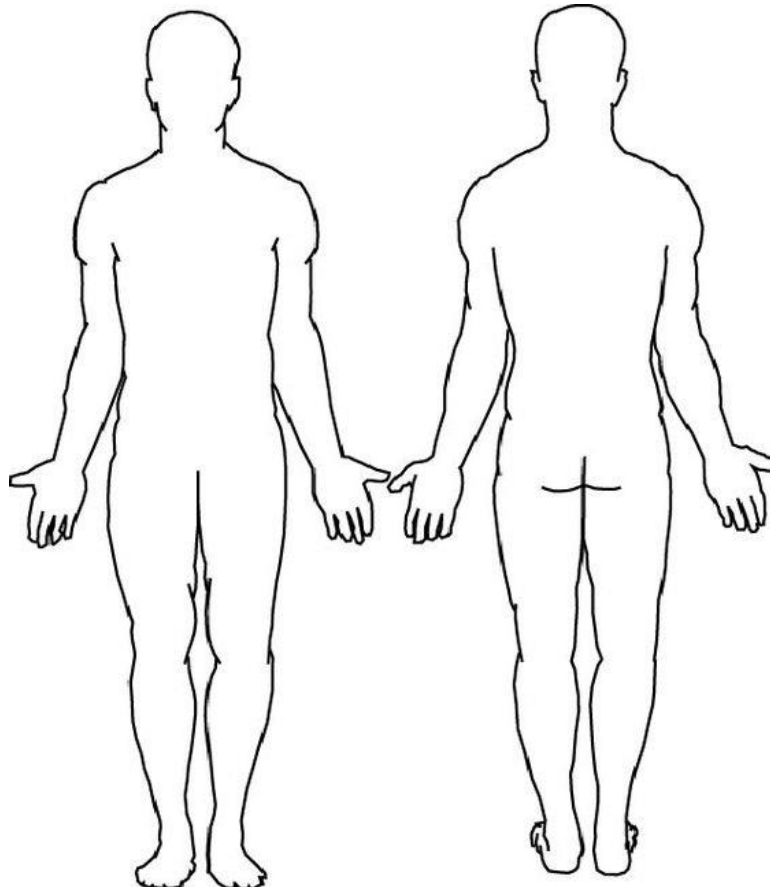
General Participation FORM

Office Use Only: Data entry: ___/___/___

Scanned: ___/___/___

Please complete this form and present it at the registration desk at your first game.

PARTICIPANT DETAILS:	EMERGENCY CONTACT DETAILS:
NAME: _____ Contact No: _____ Email: _____ ADDRESS: _____ _____ _____ DOB: ___/___/___	NAME: _____ Contact No: _____ RELATIONSHIP: _____ 2 nd Contact person: _____ NOK Phone: _____ RELATIONSHIP: _____
MEDICAL CONDITIONS: (PLEASE LIST)	MEDICATIONS: (PLEASE LIST)
_____ _____ _____ _____	_____ _____ _____ _____
Please Indicate on the body chart below if you have a previous or current injury, pain or area that may limit your ability to play LARP	





General Participation FORM

Office Use Only: Data entry: ___/___/___

Scanned: ___/___/___

Please complete this form and present it at the registration desk at your first game.

MEDICAL HISTORY:

Do you have a lung condition: Yes/ No. If Yes, please list the condition	Do you have a current or previous Heart condition. Yes/ No. If Yes, please list the condition		
Are you a current smoker? Yes/ NO. If Yes, how many cigarettes per day. _____	Do you have diabetes. Yes/ No.		
Please acknowledge the No Smoking policy			
Please circle your current level of physical activity:			
Attend LARP weekly	Attend the gym or other sport regularly	Regular physical Work	Sedentary

PRIVACY AND CODE OF CONDUCT POLICY:

<p>We require this information to understand our player's needs and provide you with a better service, and in particular for the following reasons:</p> <ul style="list-style-type: none"> - Internal record keeping, player safety and wellbeing, insurance coverage or service improvement - We may use the information to improve our products and services. - Player Safety and well-being. <p>Security: We are committed to ensuring that your information is secure. In order to prevent unauthorised access or disclosure, we have put in place suitable physical, electronic and managerial procedures to safeguard and secure the information we collect</p> <p>Other Information: Battlecry - Fields of Ashnoor will not tolerate rude or abusive behaviours toward players, non players or COMMITTEE MEMBERS</p> <p>Ashnoor management reserve the right to remove any participant from the game at any time. Battlecry - Fields of Ashnoor is built on an honour system, cheaters are not welcome. This is a game, treat it that way.</p>	<p>I, the above-named person, for myself, my heirs and executors ACKNOWLEDGE and AGREE that:</p> <ul style="list-style-type: none"> • I have read and understand the rules and handbook of Battlecry - Fields of Ashnoor I have read, acknowledge and agree to the Battlecry: Fields of Ashnoor Code of Conduct Policy. • I am fully aware of the nature and purposes of the activities of Battlecry - Fields of Ashnoor as outlined in its Rules and that the same are potentially dangerous. • By becoming a game member of Battlecry - Fields of Ashnoor and participating in its activities I voluntarily accept the risks. • I shall be bound by the rules of Battlecry - Fields of Ashnoor, obey the proper directions of all authorised officials, and accept their decisions. • I shall indemnify and keep indemnified Battlecry - Fields of Ashnoor, Central Coast LARP Incorporated and all members thereof, whether officials or not, from and against all claims, actions, proceedings and demands of whatever kind relating to any injury, loss or damage whatsoever and howsoever caused to my person or property arising out of or in connection with my participation in Battlecry - Fields of Ashnoor games. • I understand the purpose and the effect of this document. • I am over 18 years of age. <p>I am 16 years and over, will participate with a guardian present</p>
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PARTICIPANT CONSENT:

Name of Participant:		
_____	_____	_____
Print	Signature	Date
Name of Guardian: (for those aged 16 years and over)		
_____	_____	_____
Print	Signature	Date