



General Participation Registration Form

Please feel free to fill me out, print me and bring me to the game with you.

First Name:		Last Name:	
Date of Birth:	How did you find out about LARP?	Poster / Flyers <input type="checkbox"/> A Friend <input type="checkbox"/> Interweb / Facebook <input type="checkbox"/> Other <input type="checkbox"/>	How Experienced are you in LARP? Which end is the pointy end? <input type="checkbox"/> I have LARPed once or Twice. <input type="checkbox"/> I know what I am doing most of the time <input type="checkbox"/> Bring on the Dragons! <input type="checkbox"/>
		Gender Male <input type="checkbox"/> (Check one) Female <input type="checkbox"/> Other <input type="checkbox"/>	

Street Address:			Medical Conditions:		Ambulance Cover <input type="checkbox"/>
			Drug Allergies <input type="checkbox"/> Environmental Allergies <input type="checkbox"/>	Diabetes <input type="checkbox"/> Compulsory Eyewear <input type="checkbox"/> Epilepsy <input type="checkbox"/>	Neck / Back Problems <input type="checkbox"/> Recent Injury <input type="checkbox"/>
Suburb:	Postcode:	State:	Bee Sting Allergies <input type="checkbox"/> Asthma / Inhaler <input type="checkbox"/>	Heart Condition <input type="checkbox"/> Other: _____ <input type="checkbox"/>	Current Medication <input type="checkbox"/>
Main Contact Number:			Medication Conditions (Cont)		
Secondary Contact Number:			Description / Details:		
Email Address:					

EMERGENCY CONTACT:

First Name:	Last Name:	PRIVACY POLICY We require this information to understand our players needs and provide you with a better service, and in particular for the following reasons: - Internal record keeping. - We may use the information to improve our products and services. - Player Safety and well-being. 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 Other Information: Battlecry - Fields of Ashnoor will not tolerate rude or abusive behaviours toward it players or staff members. Battlecry - Fields of 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.
Relation:	Contact Number:	
CONTACT #2		
First Name:	Last Name:	
Relation:	Contact Number:	

I, the above named person, for myself, my heirs and executors ACKNOWLEDGE and AGREE that:

- I have read and understand the rules and handbook of Battlecry - Fields of Ashnoor
- 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.

Player Print Name: _____

Sign: _____

Date: _____