



BATHURST PAN DRAGONS  
MEMBERSHIP and MEDICAL FORM

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Medical Information**

Medical Conditions (circle relevant): Nil / Diabetes / Epilepsy / Asthma / Heart condition

Other (please specify): \_\_\_\_\_

Current medications: \_\_\_\_\_

**If you may require your medication (puffer, Epipen, Glucose etc) whilst paddling, please bring it with you.**

Allergies \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ R'ship: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

**Working with Children Check (WWCC):** Number and expiry date: \_\_\_\_\_

**First Aid Certificate:** Number and expiry date \_\_\_\_\_

**DBNSW Application, Declaration and Code of Conduct Form** has been signed (annually): **Yes /No**

**BPD Covid Plan** has been read and understood: **Yes / No**

**Media images:** I give permission for my images to be used for promotional or media purposes: **Yes / No**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_