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: _____