



# TASMANIAN FIRE BRIGADES CHAMPIONSHIPS ASSOCIATION

STATE FIREFIGHTER CHAMPIONSHIPS – INVERMAY PARK, LAUNCESTON

10<sup>TH</sup> & 11<sup>TH</sup> NOVEMBER 2018

## OFFICIAL ENTRY FORM

BRIGADE: ..... DISTRICT: .....

CONTACT NAME: .....

ADDRESS: .....

..... POSTCODE: .....

EMAIL: ..... PHONE: .....

THE FOLLOWING EVENTS ARE IN THE PROPOSED ORDER FOR THE SENIOR AND JUNIOR PROGRAMS.  
PLEASE TICK THE EVENTS YOUR TEAM IS ENTERING

SENIOR EVENTS	
<input type="checkbox"/>	First Aid Reel & Pumper
<input type="checkbox"/>	Relay Pumping
<input type="checkbox"/>	GP Pumper Relay
<input type="checkbox"/>	Siamese Valve
<input type="checkbox"/>	Hose, Hydrant & Extinguisher
<input type="checkbox"/>	Hose and Hydrant
<input type="checkbox"/>	Wet Hose Marshall
<input type="checkbox"/>	Hose Hydrant & Pumper
<input type="checkbox"/>	Sealed Event
<input type="checkbox"/>	Tanker Rescue

JUNIOR EVENTS	
<input type="checkbox"/>	Relay Pumping
<input type="checkbox"/>	GP Pumper Relay
<input type="checkbox"/>	Siamese Valve
<input type="checkbox"/>	Hose, Hydrant & Extinguisher
<input type="checkbox"/>	Hose and Hydrant
<input type="checkbox"/>	Wet Hose Marshall
<input type="checkbox"/>	Hose Hydrant & Pumper
<input type="checkbox"/>	Tanker Rescue

**IS YOUR BRIGADE CAMPING AT THE 2018 CHAMPIONSHIPS?** *Please be aware there are a limited number of showers and toilets available in the Aurora Stadium Northern Grandstand. A portable toilet is available in the camping area.*

- Yes
- No

**IS YOUR BRIGADE ATTENDING THE SATURDAY EVENING FUNCTION AT THE 2018 CHAMPIONSHIPS?**

- Yes                      Numbers attending: \_\_\_\_\_
- No

**IS YOUR BRIGADE SETTING UP A MARQUEE AT THE 2018 CHAMPIONSHIPS?**

- Yes                      Marquee size: \_\_\_\_\_
- No

**PLEASE COMPLETE THIS FORM BY FRIDAY 12TH OCTOBER 2018 AND RETURN WITH ENROLMENT FORMS**

TO: (no postage stamp required)

Executive Officer Jess Mulcahy  
Tasmania Fire Service  
Reply Paid 1526  
HOBART TAS 7001



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10<sup>TH</sup> & 11<sup>TH</sup> NOVEMBER 2018

## SENIOR ENROLMENT FORM

BRIGADE: .....

TEAM CAPTAIN NAME: .....

### ELIGIBILITY TO COMPETE

All competitors must be registered Brigade members.

No more than ten (10) competitors on a team.

COMPETITORS NAMES	DOB	ALLERGIES	KNOWN MEDICAL CONDITIONS	CONSENT TO BE PHOTOGRAPHED	NEXT OF KIN CONTACT DETAILS (NAME AND CONTACT NUMBER)
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**SIGNED - BRIGADE CHIEF / TEAM CAPTAIN**

DISCLAIMER

MEDICAL INFORMATION IS REQUIRED, AND WILL ONLY BE DISCLOSED TO ASSIST IN THE EVENT OF AN EMERGENCY MEDICAL SITUATION

**THIS FORM MUST BE COMPLETED AND RETURNED WITH THE OFFICIAL ENTRY FORM**



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## JUNIOR ENROLMENT FORM

**BRIGADE:** .....

**JUNIOR / CADET COORDINATORS NAME:** .....

### ELIGIBILITY TO COMPETE

All competitors must be registered Brigade members. It is the responsibility of the Brigade Chief or First Officer to ensure all junior/cadet members have written permission from a parent or guardian to compete.

### AGE OF JUNIOR / CADET MEMBER

All competitors must be at least ten (10) and under seventeen (17) years of age on the day of competition.

COMPETITORS NAME	DOB	AGE	KNOWN ALLERGIES	KNOWN MEDICAL CONDITIONS	NEXT OF KIN CONTACT DETAILS (NAME AND CONTACT NUMBER)	CONSENT TO BE PHOTOGRAPHED	PARENT/GUARDIAN SIGNATURE
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DISCLAIMER

**SIGNED - BRIGADE CHIEF / FIRST OFFICER**

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