

TASMANIAN FIRE BRIGADES CHAMPIONSHIPS ASSOCIATION

STATE FIREFIGHTER CHAMPIONSHIPS – INVERMAY PARK, LAUNCESTON
11TH & 12TH NOVEMBER 2017

					TI WIE HOVEWIDEN ZOTT
OFFIC	IAL ENTRY	FORM			
BRIGA	ADE:				DISTRICT:
CONT	ACT NAME:				
Addri	ESS:				
					Postcode:
					PHONE:
	••	•••••			THORE
		/ENTS ARE IN THE PROPOSED OF EVENTS YOUR TEAM IS ENTERING		OR THE	SENIOR AND JUNIOR PROGRAMS.
SEN	NIOR EVENTS	3		JUNIC	DR EVENTS
	Urban P	ump Collector			GP Pumper Relay
	First Aid	Reel & Pumper			Siamese Valve
	GP Pum	per Relay			Hose, Hydrant & Extinguisher
	Siamese	e Valve			Hose and Hydrant
	Hose, H	ydrant & Extinguisher			Wet Hose Marshall
	Hose an	d Hydrant			Hose Hydrant & Pumper
	Wet Hos	se Marshall			Tanker Rescue
	Hose Hy	drant & Pumper			
	Sealed I	Event			
	Tanker I	Rescue			
and toile	ets available in th Yes No	e Aurora Stadium Northern Grandstand. A	A portable	toilet is	e be aware there are a limited number of showers available in the camping area. N AT THE 2017 CHAMPIONSHIPS?
Is you	JR BRIGADE S	SETTING UP A MARQUEE AT THE 2	2017 C	HAMPI	ONSHIPS?
	Yes	Marquee size:			

PLEASE COMPLETE THIS FORM BY FRIDAY 13TH OCTOBER 2017 AND RETURN WITH ENROLMENT FORMS

TO: (no postage stamp required)

■ No

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



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SENIOR ENROLMENT FORM

BRIGADE:	ELIGIBILITY TO COMPETE		
	All competitors must be registered Brigade members		
TEAM CAPTAIN NAME:	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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 DISCLAIMER

SIGNED - BRIGADE CHIEF / TEAM CAPTAIN

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



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R ENROLMENT FORM										
DE:				ELIGIBILI	ELIGIBILITY TO COMPETE					
BRIGADE: JUNIOR / CADET COORDINATORS NAME:					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 J	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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	COMPETITORS NAME	////////////	//////////		All compeday of cor COMPETITORS NAME DOB AGE KNOWN ALLERGIES KNOWN MEDICAL CONDITIONS // // // // // // // //	All competitors must be at least ten (10) and day of competition. COMPETITORS NAME DOB AGE KNOWN ALLERGIES KNOWN MEDICAL CONDITIONS (NAME AND CONTACT NUMBER)	All competitors must be at least ten (10) and under seventeen (1 day of competition. COMPETITORS NAME DOB AGE KNOWN ALLERGIES KNOWN MEDICAL CONDITIONS NEXT OF KIN CONTACT DETAILS (NAME AND CONTACT NUMBER) L.JJ L.JJ L.JJ L.JJ			

SIGNED - BRIGADE CHIEF / FIRST OFFICER

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