

Interstate Sports QRI Player Nomination Form



Interstate Event

Sport: _____

Event Dates: _____

Location: _____

Nominations Close: _____

Enquiries: _____

To Be Eligible For Selection: You must have been a QRI Lifestyle member (Active, Associate, Retired or Life) for a continuous period of at least 12months prior to the event start date to be eligible for selection and must maintain your membership for a continuous period of 12months after the event.

Nomination Details

Player

Member Number: _____

Member Name: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____

Mobile: _____ Email: _____

Emergency Contact: _____ Phone: _____

Visitors

Will you be attending with a partner/visitor? YES NO

Partner's Name: _____

Event Information

Specific Sports Requirements (if applicable e.g. golf handicap): _____

Cost: _____

Deposit Required: _____

Travel and Accommodation: _____

Interstate Sports QRI Player Nomination Form



Sports Experience / Performance

Please provide a short history of your involvement in the above sport

I submit my nomination to be selected to represent QRI for the aforementioned interstate sporting event.

Member's Signature: _____

Date: _____

Return Nomination To:

IMPORTANT NOTE:

A completed Player Indemnity Form must be submitted with your Nomination Form, to be considered for selection.

Contact Person: _____

Phone: _____

Nomination Closing Date: _____

Interstate Sports QRI Player Indemnity Form



Sport: _____

Personal Details

QRI Membership Number: _____

Christian Name/s: _____ Surname: _____

Address: _____

Phone (h): _____ Phone (w): _____ Mobile: _____

Date of Birth ____ / ____ / ____

Emergency Contact Name & Phone Number: _____

Indemnity Release Statement

I, the above named person, in participating in and/or organizing any Queensland Railways Institute Inc (QRI) matches, training, competitions and associated events (Activities) for the sport named above, which are organized by QRI and/or any of its affiliated clubs, hereby acknowledge, agree and confirm the following:

- There are inherent risks associated with the Activities which may result in personal injury (even of a serious nature) to participants. I fully accept and agree to bear these risks.
- To the full extent permitted by law I absolve, release, discharge and indemnify QRI, its officers, employees, representatives and agents (Indemnities) from any and all liability for any personal injury, mental anguish, loss or damage of any kind suffered by me, however caused arising out of my participation in the Activities, including without limitation, where caused by any acts of negligence by the Indemnities.

I declare that I have read and understood the above and accept full responsibility for my safety each time I participate in the above nominated sport, and I waive any claim I might have on QRI and its affiliated clubs as set out above.

I further agree to abide by all instructions and requirements issued by QRI and/or its affiliated clubs in relation to the Activities.

I understand that I am bound by this indemnity and release from the date below until QRI Inc receives in writing from me, notification that I am no longer participating in the above named sport and/or club.

Signed: _____

Date: _____

Privacy Act: Consent to Disclose Details

I, the above named person acknowledge and agree that the personal details relating to me set out on this form, including without limitation, my name and address, may be provided to QRI and/or its affiliated clubs or other party for use by that organisation as it sees fit in the course of its administration of the above listed sport, in Australia.

Signed: _____

Date: _____

Interstate Sports Emergency Information



Please complete this form and return in a sealed envelope to the QRI Team Manager
Information will only be used in an emergency or hospitalization

Last Name:	Sex:
First Name:	D.O.B:
Address:	
Suburb:	State: Postcode:
Date Completed:	Ambulance Subscriber: yes / no
Medicare Number:	

Next of Kin: <u>Name</u>	Regular Doctor: <u>Name</u>
Relation	Medical Centre: <u>Name</u>
Street	Street
Suburb	Suburb
Phone Number (home) (work)	Phone Number

Marital Status: Single / Married / Divorced / De-facto Widow / Widower	Private Health Insurance: Yes / No Insurer's Name: Policy Number:
Country of Birth:	Occupation:
Blood Type:	Other: Please give full details of any problems either medical or physical which would limit your competitiveness:
Medication: Please give full details of any prescribed medication you are taking. Include dosage, frequency & instruction:	

Do you suffer from any if the following? If yes, please give full details ie. severity, medication, date of last attack, operation or injury.

Drug Allergies (eg. penicillin): Yes / No <i>Please describe:</i>	Asthma Yes / No
Diabetes: Yes / No	Blood Pressure: Yes / No High / Low
Heart Problems: Yes / No	Epilepsy: Yes / No
Recent Operations/Injuries: Yes / No <i>Brief description:</i>	Other respiratory problems: Yes / No