



Participant Details					Race Conditions	
Name					Medical Conditions?	
Date of Birth						
Age		Gender	M	F	Are representing a club?	
Email Address					Diving or push start?	
Contact Number					Any assistance required?	
Emergency Contact Information						
Emergency Contact Name					Contact Number	
Media Permission						
<input type="checkbox"/> I give permission for photos of myself to be displayed in media releases such as the Shire of Derby/ West Kimberley advertising materials, Brochures, Posters and Internal display				<input type="checkbox"/> <b><u>DO NOT</u></b> give permission for photos of myself to be displayed in media releases such as the Shire of Derby/ West Kimberley advertising materials, Brochures, Posters and Internal display		
Conditions of participation and declaration						
I have read and understand the conditions of participation and declaration. I agree to the Shires of Derby/ West Kimberley condition of participation and declaration.						
Y	N	Participant Signature	Date	Parent of Guardian Signature (Participants under 18 years of age)	Date	

Event Name	Select	Event Name	Select
50m Freestyle		200m Freestyle	
50m Breastroke		200m Breastroke	
50m Backstroke		200m Backstroke	
50m Butterfly		200m Medley	
100m Freestyle		25m Freestyle	
100m Breastroke		25m Backstroke	
100m Backstroke		25m Breastroke	
100m Butterfly		25m Butterfly	
100m Medley (Fly, Back, Breast, Free)		25m Kickboard Race	
4x25m Men's Freestyle Relay (Back, Breast, Fly, Free).		4x50m Women's Medley Relay (Back, Breast, Fly, Free).	
4x25m Women's Freestyle Relay		4x50m Men's Medley Relay	

### Derby

☎ (08) 9191 0999 | 30 Loch Street  
✉ sdwk@sdwk.wa.gov.au | PO Box 94, Derby WA 6728

### Fitzroy Crossing

☎ (08) 9191 5355 | Flynn Drive  
✉ sdwk@sdwk.wa.gov.au | PO Box 101, Fitzroy Crossing



### Condition of Participation and Declaration

1. I acknowledge that physical activity involves the real risk of serious injury or even death from various causes including but not limited to overexertion, equipment failure, dehydration, and accidents with other competitors, spectators or road users, course or weather conditions and other causes.
2. I understand that I should not compete in these events unless I have trained appropriately and a medical practitioner has verified my physical condition.
3. By participating in these activities, I accept all risks necessarily flowing from my participation, which could result in loss of life or permanent injury. Accordingly, I release all persons or corporations associated directly or indirectly with the conduct of the event from all claims, demands and proceedings arising out of my participation and I hereby indemnify them against all liability (including liability for their negligence and the negligence of others) for all injury, loss or damage arising out of or connected with my participation in these events.
4. I consent to receive any medical treatment including ambulance transportation that the event organisers think desirable during or after the event.
5. I understand that compulsory insurance cover effected for participants in these events may not cover me for any or all injury, loss or damage sustained by me.
6. Safety precautions undertaken by organisers (such as course supervision and race safety briefings) are a service to me and other competitors but are not a guarantee of safety.
7. I am fully responsible for the security of my personal possessions at the events.
8. My registration is not transferable to other people. If I am unable to compete, or if the event is cancelled by way of circumstances beyond the control of the event directors, my registration fee is refundable.
9. I have listed in my registration form my medical or physical conditions from which I suffer that might affect my performance or be relevant. I accept that risk of participation, despite these conditions.
10. I agree to abide by all race rules and directions issued by the event organisers.
11. Event organisers may change the event format, course or other race conditions at their discretion. If that occurs, this agreement applies to the changed conditions.

### OFFICE USE ONLY

Fee Applicable: \$10.00 per Adult (18years +), \$5.00 per Child (8years+).

<i>Officers Name:</i>

<i>Date Payment Received</i>
<i>Payment Amount</i>

<i>Payment Type</i>			
Cash		EFT	
<i>Receipt</i>			

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