



Sale to Sea Disability Kayak Challenge

True character is found in adversity and strength is held in ones mind
ABN



Andrew Bedggood
4 Flint Court, Maffra,
Victoria, 3860
Mobile 0407 471 539

Sale to Sea Disability Kayak Challenge Entry Form

13th – 16th March 2019

Name: _____ Age: _____ Sex: _____

Address: _____ Town: _____

State: _____

Contact No: Ph: _____ Mobile: _____

Email: _____

What is your current level of experience in a kayak? Low Medium High
(Please Circle)

Will you require assistance from a support paddler in a double sea kayak? Yes / No (Please Circle)

What are your current swimming skill levels? Poor Average Excellent (Please Circle)

It is recommended that all participants have an understanding and competency in basic kayaking skills and that a level of fitness be maintained to achieve this. Failure to undertake suitable preparation may heighten risk of injury if exit and water recovery is required.

Are you be interested in fundraising on behalf of Sale to Sea Inc. through Everyday Heroes?
(Note: If you answer Yes, a page will be set up for you on the Sale to Sea Team page and details forwarded to your email address)

Yes No (Please Circle)

What Skills or Training do you have that may benefit the Sale to Sea Disability Kayak Challenge? Medical, Mechanical or other trade qualifications:

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Please explain:

Cost of entry:

- Disabled Kayaker - \$150 – Carers participating in the Challenge will also be \$150
- Non-disabled kayaker - \$300
- Sale to Sea Members - \$250.

Please note that entries for this event will be capped at 100 (Maximum entries) Entries will close on 31st January 2019 or when the Maximum entries are received, whichever is sooner. No late entries will be accepted.

General Medical Information

Section 1: General Questions *Compulsory Questions

Describe your swimming ability: *

Excellent Good Average Poor (Please Complete)

Describe your general health: *

Excellent Good Average Poor (Please Complete)

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Section 2: Medical information and History:

Have you ever had any of the following? (Please check the Yes or No Column)

Condition	Yes	No	Condition	Yes	No
Allergies			Diabetes		
Heart Disease			Asthma		
High blood pressure			Back problems		
Dislocations			Do you have muscle spasms? If yes, what triggers them?		
Do you get cold easily?			Are you greatly affected by heat?		
Are you pregnant?			Are you taking medication?		
Are you allergic to any medications?			If yes, are there any side effects of the medication such as sun sensitivity, Increased thirst or fatigue?		
Are you allergic to insect bites OrBee stings? If yes, do you carry medications?			Seizures If yes, what triggers them? If yes, what is the date of your last seizure?		
Do you have any medical condition that may affect your ability to undertake the challengesafely			Transplant recipient etc.		

If you answered yes to any of the questions in the chart, please explain here: Use additional paper and attach to medical form if required

Condition:

Symptom:

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Do you have a Disability? Yes No

If yes, please describe:

How long have you had a disability? _____

Do you have mobility impairment? If yes, please describe: Yes No

Do you have a sensory impairment? (Sight, sounds or sensation). Yes No

If yes, please describe:

Do you have any special food requirements or suffer from food allergies?

Yes No

Details:

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So that we can better understand your needs, please list any medical, physical, psychological or emotional issues not mentioned above:

In case of an emergency, whom should we contact?

Name: _____ Relationship: _____

Home phone: _____ Mobile: _____

Treating doctors details:

Name: _____

Address: _____

Contact phone number: _____

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I _____ hereby acknowledge that:

1. I have read and understand the Challenge Terms and Conditions
2. I have signed and returned the Waiver
3. I have paid the relevant Entry Fee
4. The information I have provided is true and correct and any false or misleading information may exclude me from participating in the Sale to Sea Disability Kayak Challenge.
5. Any false or misleading information provided by me may result in any forfeiture of any claim, right or cause of action however arising against Sale to Sea Inc.

Signed.....

Date:.....

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Payment Details

Date:

To: Andrew Bedggood
Sale to Sea Disability Kayak Challenge

From:
Number of Entries.

Entrant Names:

- 1.
- 2.
- 3.
- 4.
- 5.

Direct Deposit

Payment has been made to the Sale to Sea account of \$

Payment Reference : _____ (Name or Team Name Ref)

Concession Card No: _____ (Photocopy of card required, please attach)

Westpac Bank - Raymond St, Sale
BSB – 033253
Account No. – 217305

If paying by cheque please send to:

Andrew Bedggood
4 Flint Ct
Maffra. Vic 3860

Cheques to be made out to: Sale to Sea Disability Kayak Challenge

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