



# Entry Form - THE RHEOPAIPO QLD PRO April 12-13 2008



**To Enter:** Complete details below and attach medical form  
**Important:** All applicants must sign entry form and applicants U/18 years of age must have entry form signed by Parent/Guardian.

**Note:** UNSIGNED APPLICATIONS AND APPLICATIONS WITHOUT MONEY OR MEDICAL FORMS WILL NOT BE ACCEPTED...

**Entry Fee:** **Professional Divisions:** \$88 per division (remember your membership to BBA for points and prize money).  
**Amateur Divisions:** QAB Bodyboarding affiliated members, \$65.00. (per division for amateur)  
Non-affiliates must join an affiliated qld bodyboard club

**Closing Date:** Last Mail - 9th of April LATE FEE of \$20 is applicable to entries received after last mail.

**Information:** **Date:** 11-13 April, **Time:** 7am Start, Pro 12th & Amateur 12th,  
**Place:** Surfers Paradise, **Check-in:** Duranbah Beach Carpark 7am  
please make all cheques/money orders payable to: Queensland Association of Bodyboarding "PO Box 1024, Burleigh Heads Qld 4220"

**Contact:** Terry McKenna (Contest Director) 0401 023 661

Presented by:

**rheopaipo**



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**UNKNOWN**

**QAB state round 1**

## Competitor information

**Name:** \_\_\_\_\_

**D.O.B:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Post Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Medical Form Attached**

## Professional divisions (australian tour round 2)

Open Professional Mens

Open Professional Womens

Open Professional Dropknee

please make all cheques/money orders payable to: Queensland Association of Bodyboarding "PO Box 1024, Burleigh Heads Qld 4220"

## Amateur divisions (QAB State Round 1) (age at 31st Dec 2008)

Grommets 10-13 years of age

Open DK open to all ages

Cadets 14-15 years of age

Masters 36-45 years of age

Juniors 16-17 years of age

Grand Master over 45 years of age

Open Mens open to all ages

Junior Women Under 18 years of age

Senior Mens 23-35 years of age

Open Women Over 18 years of age

Make all Cheques/Money Orders made payable to: Queensland Association of Bodyboarding P.O.Box 1137 Coolangatta, QLD 4225.

**Please Specify Your Club Membership:** \_\_\_\_\_

## Competition apparel

T-Shirt Size: (Free for Competitors)  
(please tick appropriate box)

XS  S  M  L  XL  XXL

T-Shirt Size: (Extra's Wanted at \$20 each)

XS  S  M  L  XL  XXL

(please put quantities in appropriate boxes)

In consideration of acceptance of my entry, I intend to be legally bound, do hereby for myself, my heirs and administrators, BBA Inc, QAB, Unknown, Inverted.com.au, Unite its affiliates and Surfing Australia waive, release and forever discharge any and all rights and claims for damages which may hereafter accrue against the competition, its officials, employees, agents and contest sponsors, of any and all liability and responsibility arising from any injury received or incurred by participating in this event. I will inspect the contest area and assure myself that the area is safe for bodyboarding and further agree that the area conditions are safe for bodyboarding purposes. Further I acknowledge that I voluntarily assume all risks arising from the conditions relating to the use of the contest site and surfing area by myself or others I will comply with the BBA INC rules and any rules announced at the event. I agree to the release of all official photographs and video footage taken during this event, and its use by the BBA Inc., SA, QAB, contest director and sponsors.

**Applicants Signature** \_\_\_\_\_

**Parents Signature** \_\_\_\_\_



# Body Boarding Australasia - MEDICAL FORM



ALL APPROPRIATE DETAILS MUST BE COMPLETED FOR SAFETY PURPOSES.

## Competitor information

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Doctor: \_\_\_\_\_ Doctor Ph: \_\_\_\_\_

## Medical information

FURTHER INFORMATION OR SPECIAL INSTRUCTIONS FOR EMERGENCY ACTION PLEASE SPECIFY.

EPILEPSY	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
FAINTING or DIZZY SPELLS	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
HEART CONDITION	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
DIABETES	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
EAR DISORDER	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
ASTHMA	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
ALLERGIES	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
INSECT BITES ETC	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
OTHER	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____

I hereby give my permission for Officials of the Bodyboarding Australasia Incorporation to seek any medical service that I, or my son / daughter may require in case of accident.

Applicants Signature: \_\_\_\_\_ Applicants Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(or Parent Guardian if U 18)

## BBA INC. Code of conduct

- All competitors should exhibit a professional and sportsmanlike attitude when representing BBA Inc. at any event.
- Alcohol or drug abuse will not be tolerated while representing BBA Inc. Offenders will be excluded from competition for the remainder of that year.
- Respect the rights, dignity and worth of all participants regardless of their gender, ability, cultural background or religion.
- Co-operate with Committee members, team managers and organisers of events.
- Obscene language will not be tolerated at any time.
- All athletes are expected to perform to the best of their ability at all times.
- If you are changing in a car park or near a comp. area , always maintain decency.
- Avoid any behavior that is deemed to bring the sport of Bodyboarding into disrepute.

I HAVE READ AND UNDERSTOOD THE 'CODE OF CONDUCT'.  
I AGREE TO ADHERE TO THE 'CODE' WHILST A MEMBER OF BODYBOARDING AUSTRALASIA INCORPORATED.

Competitors Signature: \_\_\_\_\_ Competitors Name: \_\_\_\_\_ Date: \_\_\_\_\_

ALL COMPETITION ENTRIES MUST BE ACCOMPANIED BY A MEDICAL FORM.