

2010 AUSTRALIAN UNIVERSITY GAMES PERTH, SEPTEMBER 26 - OCTOBER 1 2010

All students registering for this event must have either;

- a) Submitted an Application for Qualification and received approval from Macquarie University (Individual Sports)
- b) Been accepted into a team based on Coaches selection at a Sports trial session (Team Sports)

Unfortunately SIBT students are not eligible for this event

Sport	Division: Mens Womens Mixed (Please Circle)		
First Name	Surname		
Student Number	Gender: Male Female	Date of Birth ____/____/____	
Mobile Ph:	Home Phone:		
Address			Post Code
Email Address (please print clearly)			
Emergency Contact Name		Emergency Contact Number	
If Cross-Accrediting which Sport?			
Do you own a current uniform for this Sport? These uniforms were utilised at 2009 AUG or 2010 EUG			
Social Uniform size (circle) Ladies 8 10 12 14 16 Mens XS S M L XL XXL Random size allocated if this isn't completed			

Please circle a 'YES' or 'NO' response to the following questions (circle):

- | | | |
|--|-----|----|
| Are you male over 35 years or female over 45 years who has been inactive for a period of 6 months or more? | YES | NO |
| Have you given birth within the last 6 weeks or are you currently pregnant? | YES | NO |
| Do you have any infections or infectious diseases? | YES | NO |
| Are you on any prescribed medication? | YES | NO |
| Are you receiving any treatment from a doctor, physiotherapist or any other health professional? | YES | NO |
| Can you swim over 100 meters safely | YES | NO |

Do you have, or have you had? (Please Tick ✓)

- | | | |
|--|--|--|
| <input type="checkbox"/> Palpitations/ Chest Pain | <input type="checkbox"/> Blood Disorder | <input type="checkbox"/> Gout |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dizziness and Fainting |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Liver/ Kidney Conditions | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Low or High Blood Pressure | <input type="checkbox"/> Stomach/ Duodenal Ulcer | <input type="checkbox"/> Hernia |
| <input type="checkbox"/> Raised Cholesterol/ Triglycerides | <input type="checkbox"/> Cancer | <input type="checkbox"/> Asthma/ Breathing Condition |
| <input type="checkbox"/> Arthritic Pain | <input type="checkbox"/> Dislocation | <input type="checkbox"/> Muscular Pain |
| <input type="checkbox"/> Broken / Fractured Bones | <input type="checkbox"/> Back / Neck pain | <input type="checkbox"/> Joint Pain |
| <input type="checkbox"/> Surgery due to injury | <input type="checkbox"/> Tendon or Ligament Damage | |

If you ticked any of the above please provide further information: _____

PAYMENT INCLUSIONS

- 5 nights accommodation
- Transport pass for use during the event
- Games registration & Social Pass
- Ticket to the 2010 Sport Awards
- Social uniform
- \$50 refundable accommodation bond

PAYMENT ONE - \$340.00

Due: Monday 16 August 2010

***Payment One is non-refundable**

PAYMENT TWO - \$300.00

Due: Monday 13 September 2010

\$300 (plus playing uniform cost)

or

MARTIAL ARTS PAYMENT TWO

Due: Tuesday 15 September 2009

\$120 (Two nights accommodation) or

\$180 (Three nights accommodation)

(plus playing uniform cost)

By completing this form I give permission for the free use of my name, voice or picture in any broadcast, transmission, advertising promotion, or other account of events.