



THE GREAT SOUTH WEST BED RACE

The Great South West Bed Race

Saturday 7 April 2018

Theme: **Medicine**
Throughout History

ENTRY FORM



ST JOHN OF GOD
Bunbury Hospital

Please complete this form in **BLOCK CAPITALS** to avoid any errors

TEAM NAME			
Registration fee	\$25 per team	Minimum funds raised	\$750 per junior team / \$2,000 per adult team
Bed Head (team captain)			
Address (Street) (Town) (Postcode)			
Tel No.'s	Day	Mobile	
Email address			
Team category Tick only one box	Adult male <input type="checkbox"/>	Adult female <input type="checkbox"/>	Adult mixed <input type="checkbox"/>
Team category Tick only one box	Junior male (years 8-11) <input type="checkbox"/>	Junior female (years 8-11) <input type="checkbox"/>	Junior mixed (years 8-11) <input type="checkbox"/>
Team classification Tick only one box	Competitive <input type="checkbox"/>	Just for fun <input type="checkbox"/>	

Team details – required information			
Name	Contact mobile number (in case of emergency on the day)	Age	M / F
Runner 1/Bed Head			
Runner 2			
Runner 3			
Runner 4			
Runner 5			
Bed Bug (passenger)			

Junior teams and passengers 16 years old & under MUST also complete the Parental Authority section on the next page. Minimum age for Bed Bugs is school Year 8.

Team details – optional	
Is there any medical information you feel we should know about pertaining to any of the team members? Allergies, use of inhaler etc.	
This information will remain confidential but can be detailed on the supplied wrist bands if preferred	
*Any additional information worth knowing about the team, its members that may be shared?	
See disclaimer on next page	

Parental authority required for junior teams and passengers - 16 years old & under (minimum school year to participate is year 8)	
Name	Parents signature
Runner 1/Bed Head	
Runner 2	
Runner 3	
Runner 4	
Runner 5	
Bed Bug (passenger)	

1. **ALL PARTS** of this entry form must be completed in full. Updates should be given by email up until the team briefing meeting
2. A current email address and phone number for all contact between the organisers and the team must be supplied
3. Please feel free to enclose any team information for possible pre-race publicity
4. Please make cheques payable to 'St John of God Health Care Inc.', enclosing a Stamped Addressed Envelope if you require a receipt
5. Applicants must consent to their details being held on a database
6. St John of God Health Care Inc. will not be responsible for the death or injury to participants and/or damage to the participants property arising from the bed race
7. All applicants must have a bed available, or provisions to build a bed, prior to submitting their entry form
8. Teams dropping out within 4 weeks up to the bed race will forfeit their entry fee. No refunds will be given and they will be treated as a new team the following year

The requirement to complete this form has been brought about by the need for St John of God Health Care Inc. to comply with safety advice given by statutory bodies that authorise the event.

A designated Bed Head (team captain) is required to ensure the team will follow health and safety advice.

It has been strongly suggested that we should know the names of all those taking part in the race and have emergency contact details on the day. Notice of medical conditions that would be useful to first aid personnel can be added to the form but if preferred this information can be detailed on the inside of the wrist band.

I have read the disclaimer and I am authorised to disclose this information on behalf of the team and individuals named above Signed :	Disclaimer: Participation in this information sharing is optional and is for the sole purpose of giving St John of God Health Care Inc. and their bed race partners' background information on teams. This information will be shared with local radio any may be used in their coverage of the bed race before, during and after the event. Leave this section blank if you do not want to disclose the information. This information will NOT be used for any form of marketing. Please return the completed form (both pages) to: Kristy Sharpham, PO Box 5007, Bunbury WA 6230
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I shall ensure that all members of the team to which this entry relates to are aware of the 2018 bed race rules

Printed name:

Signature:

Date:

Please send this completed form to:

Kristy Sharpham
 St John of God Bunbury Hospital
 PO Box 5007
 Bunbury WA 6230

Telephone: 08 9722 1621
 Email: bu.bedrace@sjog.org.au
 Bed race website:
www.greatsouthwestbedrace.org.au

\$25 registration fee can be paid by cheque made out to St John of God Health Care Inc., by credit card (authority below) or by direct deposit to:

St John of God Health Care Inc.

BSB: 036 001

Account: 195 406

If transferring by direct deposit, please use the narration 'Bed Race' and your team name.

Registration fee credit card authorisation form

Cardholder name: _____
 Credit Card type: Visa Mastercard AMEX
 Credit Card number: _____
 Expiry: ____/____ CSV: _____
 Billing address: _____

I authorise St John of God Health Care Inc. to charge \$_____ to my credit card provided herein. Signed: _____ Date: _____ Name: _____
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