



Sporting Shooters' Association of Australia

Conservation & Wildlife Management (SA) Inc.

PO Box 188 Kent Town SA 5071

www.conservation-wildlife.asn.au



Activity Registration Form

v07.17

Activity: _____ Dates: ___/___/___ to ___/___/___

C&WM Membership No.: _____ Name: _____

Address: _____ P/code: _____

Phone (H): _____ (W): _____ (Mob): _____

Email: _____ D.O.B.: ___/___/___

Next of kin: _____ Phone No.: _____

Do you have any pre-existing medical conditions, allergies or injuries? YES / NO – If YES, please complete and return the *Pre-existing Injury or Medical Condition Notification* form.

S.S.A.A. Membership No.: _____ S.S.A.A. M/S expiry date: ___/___/___

Firearms Licence expiry date: ___/___/___ NP&W Hunting Permit expiry date: ___/___/___

If taking vehicle on activity; Make, model & colour: _____

4wd: YES / NO Type: Petrol / Diesel

Registration No: _____

Current FIRST AID certificate holder? YES / NO

Team member? YES / NO Allocation to a team required? YES / NO

Team Leader's name: _____

Preferred area: _____

NB: One registration form is to be completed for each activity. Registration does not mean automatic participation as some activities have maximum numbers set. Applications are not processed on a first in first on basis. Due to activity planning and approvals, registrations must be received **eight weeks prior** to the commencement of the activity.

Send to: S.S.A.A. – C&WM (SA) Inc.
Assistant Secretary
PO BOX 188
KENT TOWN SA 5071

or Email: assistant.secretary@conservation-wildlife.asn.au

I acknowledge that participating in this activity may expose me to zoonotic diseases, including, but not limited to Q-fever and am aware of the precautions to take, such as vaccination and hygiene protocols.

I declare that I am a financial member of S.S.A.A. - Conservation and Wildlife Management (SA) Inc. and the Sporting Shooters' Association of Australia, and that my membership will remain financial for the duration of the activity period.

I also agree to abide by all legal and ethical direction from the Land Manager, Activity Coordinator and Team Leader.

.....
Signature

.....
Date

(Application will not be accepted unless signed & dated)



Pre-existing Injury or Medical Condition Notification

v07.17

Name: _____ C&WM Membership No.: _____

Activity: _____ Date: _____

1) What is the medical condition, allergy, disability or past injury? (please use a separate form for each condition)

2) Information about the condition/injury:

a) How serious is the condition/injury if aggravated:

- life threatening: Yes No
- would require medical doctor, hospital treatment: Yes No
- would require own medication: Yes No

b) In your own words, tell us how to recognise that your condition has recurred or been aggravated:

c) When was the most recent episode:

3) What actions trigger, or situations do you need to avoid:

4) What is the management plan to minimise any aggravation to the condition/injury (e.g. avoidance of allergy triggers, or self-medication: include type, quantity, frequency; location: day-pack/travel bag/first aid kit, etc.):

5) What is the emergency plan if serious aggravation occurs (if self-medication: include type, quantity, frequency; location: day-pack/travel bag/first aid kit, etc.): _____

Member's Name: _____ Signature: _____ Date: _____

Coordinator's Name: _____ Signature: _____ Date: _____