



Upper Hutt Community Rescue Basic Rescue Course Registration

A member of



Personal Information

The information collected is for your safety and the team around you. Please complete this form fully and accurately. Where members are under 18 years old the disclaimer form must be signed by a parent/guardian.

Privacy

For our personnel administration and team management purposes we need to;

- Collect personal information about you
- Disclose all or part of this information held to another controller or professional organisation when it is in the best interests of your personal or team safety.

Complete the following details;

Name

Title: Mr Mrs Miss Ms
 Other _____
 Surname: _____
 First Name: _____
 Preferred Name: _____

Home Address

Number/
Street: _____
 Suburb: _____
 City: _____

Contact Details

Home Ph: (_) _____
 Home Fax: (_) _____
 Mobile Ph: (_) _____
 Home EMail: _____
 Work Email: _____

Work Details

Position: _____
 Company Name: _____

Interests (Hobbies and Activities)

Personal Details

Sex: Male Female
 DOB: _____ / _____ / _____

Medical Details

Appendix Removed: Yes No
 Tonsils Removed: Yes No
 Organ Donor: Yes No
 Last Tetanus Injection: ____ / ____ / ____

Known Conditions

Asthma Diabetes
 Epilepsy Angina
 Migraines Hay fever
 Haemophiliac GI Bleeds
 High blood pressure
 Severe allergic reactions
 Other _____

Heart conditions (Specify)

I am currently on medication: Yes No

If YES specify medication type, dose, frequency and side effects: _____

Known Phobias

Fear of heights

Fear of confined spaces

Fear of open spaces

Fear of dark

Fear of insects

Fear of water

Fear of fire

Other _____

Medical Disclaimer

The medical information provided is to the best of my knowledge accurate and current as of this date. I undertake to notify in a timely manner any changes to these details, as I am aware that this may impact on my eligibility and ability to perform my duties with in the team.

Participation Disclaimer

I accept that my participation in the activities as a voluntary member of Upper Hutt Community Rescue while training or assisting during a Civil Defence emergency will involve some risk due to the unpredictable force of nature or surroundings. I accept the team leader or person designated in charge of activities has the overall responsibility of managing safety of the activities or tasks I take part in, and I will follow all reasonable instructions given to me, that ultimately I am responsible for my own safety. I also accept that if I choose to act outside the directions given to me by those in charge, I will retire from the activity immediately when requested and be personally responsible for my own safety there after.

Confidentiality

Information supplied for course registrations is subject to the **Privacy Act 1993** and remains between the applicant and provider. Consent of the release of all or any part of the information held must be **given in writing** to the provider.

Signed: _____
(Parent/Guardian if member is under 18)

Date: _____ / _____ / _____

Full Name: _____

Relationship: _____