

Interstate Sports QRI Player Nomination Form

Interstate Event

Sport:	ANZRI Outdoor Cricket Carnival 2021
Event Dates:	6 th – 13 th February 2021
Location:	Launceston, Tasmania
Nominations Close:	12 th June 2020
Enquiries:	Jim Noble – thenobles18@hotmail.com Brendan Nosworthy - snoggart@hotmail.com

To Be Eligible For Selection: You must have been a QRI Lifestyle full fee paying member (Active, Associate) for a continuous period of at least 24 months prior to the event start date to be eligible for selection and must maintain your membership for a continuous period of 12 months after the event.

Nomination Details

Player					
QRI Member No:		Email:			
Name:					
Mailing Address:					
Suburb:		State:		Postcode:	
Contact Numbers:	Home	Work		Mobile	
Emergency Contact:					
Visitors					
Will you be attending with a partner / visitor?		Yes / No			
Partner's name:					

Event Information

Specific Sports Requirements (if applicable e.g. golf handicap):					
Cost:		Deposit Required:			
Travel & Accommodation:	TBA				

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Sports Experience / Performance

Please provide a short history of your involvement in the sport

Please state cricket played, bat or bowler and where you are playing at present.

I submit my nomination to be selected to represent QRI for the aforementioned interstate sporting event.

Member's Signature: _____ **Date:** _____

Return Nomination To

IMPORTANT NOTE:

To be considered for selection, a completed Player Indemnity Form must be submitted with your Nomination Form.

Contact Person	
Name:	Jim Noble
Phone:	0403 250 501
Email:	thenobles18@hotmail.com
Mail forms to:	GPO Box 2098, Brisbane QLD 4001
Nomination Closing Date:	12 th June 2020

Interstate Sports QRI Player Indemnity Form

Sport:					
QRI Member No:		D.O.B:	/	/	
First Name:		Surname:			
Address:					
Suburb:		State:		Postcode:	
Emergency Contact:			Contact Number:		

Indemnity Release Statement

I, the above named person, in participating in and/or organizing any Queensland Railways Institute Inc (QRI) matches, training, competitions and associated events (Activities) for the sport named above, which are organised by QRI and/or any of its affiliated clubs, hereby acknowledge, agree and confirm the following:

- There are inherent risks associated with the Activities which may result in personal injury (even of a serious nature) to participants. I fully accept and agree to bear these risks.
- To the full extent permitted by law I absolve, release, discharge and indemnify QRI, its officers, employees, representatives and agents (Indemnities) from any and all liability for any personal injury, mental anguish, loss or damage of any kind suffered by me, however caused arising out of my participation in the Activities, including without limitation, where caused by any acts of negligence by the Indemnities.

I declare that I have read and understood the above and accept full responsibility for my safety each time I participate in the above nominated sport, and I waiver any claim I might have on QRI and its affiliated clubs as set out above.

I further agree to abide by all instructions and requirements issued by QRI and/or its affiliated clubs in relation to the Activities.

I understand that I am bound by this indemnity and release from the date below until QRI Inc receives in writing from me, notification that I am no longer participating in the above named sport and/or club.

Signed: _____

Date: _____

Privacy Act: Consent to Disclose Details

I, the above named person acknowledge and agree that the personal details relating to me set out on this form, including without limitation, my name and address, may be provided to QRI and/or its affiliated clubs or other party for use by that organisation as it sees fit in the course of its administration of the above listed sport, in Australia.

Signed: _____

Date: _____

Interstate Sports Emergency Information

Please complete this form and return in a sealed envelope to the QRI Team Manager
Information will only be used in an emergency or hospitalisation

Last Name:		Sex:	
First Name:		D.O.B:	
Address:			
Suburb:		State:	Postcode:
Date Completed:		Ambulance Subscriber: Yes / No	
Medicare Number:			

Next of Kin: <u>Name</u>	Regular Doctor: <u>Name</u>
Relation	Medical Centre: <u>Name</u>
Street	Street
Suburb	Suburb
Phone Number	Phone Number
Marital Status: Single / Married / Divorced / De-facto Widow / Widower	Private Health Insurance: Yes / No Insurer's Name: Policy Number:
Country of Birth:	Occupation:
Blood Type:	Other: Please give full details of any problems either medical or physical which would limit your competitiveness:
Medication: Please give full details of any prescribed medication you are taking. Include dosage, frequency & instruction:	

Do you suffer from any if the following?

If yes, please give full details i.e. severity, medication, date of last attack, operation or injury.

Drug Allergies (eg. penicillin): Yes / No <i>Please describe:</i>	Asthma: Yes / No
Diabetes: Yes / No	Blood Pressure: Yes / No High / Low
Heart Problems: Yes / No	Epilepsy: Yes / No
Recent Operations/Injuries: Yes / No <i>Brief description:</i>	Other respiratory problems: Yes / No