



## VFFA EVENT REGISTRATION FORM (ERF)

I am a current VFFA Member and wish to take part in the .....  
 event and I agree to follow the recommendations and requirements as per the Notice of Major  
 Event dated .....

MEMBER'S DETAILS					
<b>Name:</b>					
<b>Mobile:</b>		<b>Home:</b>		<b>Email:</b>	

<b>Any pre existing medical conditions which could arise at event:</b>
<b>What medicines or treatment required if such condition arises?</b>
<b>Current medications?</b>
<b>Allergies?</b>

<b>Who to contact in an emergency:</b>			
<b>Name:</b>		<b>Relationship:</b>	
<b>Mobile:</b>		<b>Telephone:</b>	

<b>Doctor:</b>			
<b>Name:</b>		<b>Phone:</b>	

<b>Health Insurance Provider:</b>	
<b>Membership No:</b>	

<b>Ambulance Insurance:</b>	
<b>Member Card Number:</b>	

<b>Travel Insurance (if outside Australia):</b>	
<b>Provider:</b>	

**Signed:** ..... **Date:** .....