



Bathurst Football Referees Association Inc.

P.O. Box 1505
Bathurst N.S.W. 2795

Registered No. Y2512343
ABN 75 917 507 158

President: Craig Luccarda 0419 405 338

Secretary: Scott Kauter 0413 449 218

Treasurer: Mike McKenzie 6332 3997

<http://www.bfra.net.au>

2014 MEMBERSHIP FORM

Personal Details

Surname:		Given Names:	
Residential Address:			
Postal Address (if different from above):			
E-mail: @			
Date of Birth (dd/mon/yyyy) / /			
Phone	Mobile	Home	Work

Membership Fees (tick appropriate Box)

Active Referee	\$50	<input type="checkbox"/>	Active Cadet Under 14 at 1 st of July 2014	\$30	<input type="checkbox"/>	Dual Member (BFRA is <i>secondary</i> branch)	\$20	<input type="checkbox"/>
Active Life Member	\$20	<input type="checkbox"/>	Non-Active member (Affiliated but not active)	\$20	<input type="checkbox"/>	Associate Member (No voting Rights)	\$15	<input type="checkbox"/>

Affiliations or Interests

Do you play with a club?

Club	Grade(s) e.g. u/15, Womens, Mens	Team Name(s) (If applicable)

Do you have an affiliation with a club? If so, Please provide details

Club	Involvement Coach / Manager / Committee / Immediate Family	Person's Name (If applicable)	Relation (If applicable)

Are/were you a member of another Refereeing Branch? **NO / YES** (if so which one) _____

Preferred refereeing competition (circle): **JUNIOR / SENIOR / No Preference**

Allergies -

Please list all known substances that the referee is allergic to, the associated sign and symptoms for this response (e.g. Rash, itching, swelling, difficulty breathing, emergency situation, etc.).

Substance (e.g. Peanuts, wheat)	Response (e.g. itching, swelling)	Action to take (e.g. call ambulance)

Asthma - Do you suffer from Asthma ? (yes/no) _____ If yes then:

- Does the referee need assistance taking medication for Asthma? (y/n) _____ If yes then:

Asthma medication Requirements (e.g. includes preventers, symptom controllers, combination meds, meds before exercise)		
Name of Medication	Method (e.g. puffer, turbuhaler etc)	When & how much

(the following 3 points to be completed for members under 18 years of age by their parent/guardian)

- I authorise adult BFRA members to assist my child in taking asthma medication should they require help: **Yes / No**
- I would like to be notified by BFRA if my child has had & reported an asthma attack: **Yes / No**
- I have attached specific instructions for the treatment of my child's asthma: **Yes / No**

General Medical –

- I authorise an adult member of the BFRA to call an ambulance should **myself / my child** require urgent medical professional medical attention **Yes / No**
- **I / my child** have medical condition(s) other than those listed that I would like to make the BFRA committee aware of in case I am involved in a medical emergency

Name of Condition	Symptoms	Action (Call contact/ambulance etc)

Emergency Contacts

Name	Mobile Phone	Home and/or work Phone

Use of images – From time to time images (still & videos) of members under 18 may be taken for the purpose of producing training material, or displayed in the BFRA private gallery from events such as presentation night & matches .

- I consent for **my / my childs** image to be used for the above stated purposes: **Yes / No**

Upon completion and acceptance of this application by the committee, you are bound to adhere to the objects and rules of the BFRA and comply with any reasonable request issued by the executive.

Applicants Signature: _____ Date: ____/____/2014

Parent/Guardians Signature: _____ Date: ____/____/2014
(if applicant is under 18)