



**Volunteer Fire and Rescue Services Association of WA (Inc)
Junior Reserve Fire Brigades Committee**

COMPETITOR'S CODE OF CONDUCT

As a competitor in competitions conducted by the Volunteer Fire & Rescue Services Association of WA (Inc), I agree to:

- Compete by the rules at all times.
- Never argue with an official. If I disagree with an official my coach will approach the official and/or Track Master and, if necessary, lodge a protest.
- Control my temper. Verbal abuse of officials, sledging other competitors and deliberately distracting or provoking other competitors, is not acceptable and will not be tolerated.
- Work equally hard for myself and for my team. This will benefit both my team's performance and my own.
- Be a good sport. Applaud all good runs whether they are made by my team or by the opposition.
- Treat all participants in my sport as I like to be treated. Bullying or taking unfair advantage of another competitor is not acceptable.
- Cooperate with my coach, teammates and opponents. Without them there would not be a competition.
- Respect the rights, dignity and worth of all participants regardless of their gender, ability, cultural background or religion.
- Follow all instructions given by officials in the course of their duty.
- At no time may I behave in a manner such that I bring disrepute to my team, my community or the WA Fire & Rescue Service. This includes time spent at any accommodation or traveling to or from competitions.

COMPETITOR'S CONTRACT

I _____ agree to abide by the above 'Code of Conduct'.
(Name)

Signed: _____ Date: _____

PARENT'S/GUARDIAN'S CONTRACT

I _____ approve of the above 'Code of Conduct' and am prepared to meet any expenses incurred should my child be sent home for breach of contract. I also accept responsibility for the cost of any deliberate damage to property that may result from the actions of my child.

Signed: _____ (Parent/Guardian) Date: _____

PARENT/GUARDIAN'S DETAILS

Parent/Guardian Full Name:

Residential Address:

.....

Phone: Home: Work:

Mobile:

PARENT/GUARDIAN'S PERMISSION

I give permission for my child to travel with the Fire & Rescue Services team to Junior Competitions. I understand that the means of travel will be organized by the Brigade and may be by bus or private car driven by either members of the brigade or parents of competitors. I also understand that the team will be coached and supervised by the members of the brigade, as listed below.

In addition, I acknowledge that my child's name may be published as part of the results of the competition on the Association's website, Facebook page or other social media sites.

I do / do not give permission for photographs/media footage to be taken for media coverage, and for my child's name to be published on appropriate online media.

Name of Coach: _____

Members assisting: _____

Signed: _____ Date: _____
(Parent / Guardian)

Signed: _____ Date: _____
(Coach)

Note: the Coaches are responsible to notify the President of the Junior Reserve Committee prior to the Championships of any specific instructions.

MEDICAL FORM

I have completed the attached Confidential Medical Form and understand that the details provided will be kept strictly confidential.

Signed: _____ Date: _____

Volunteer Fire and Rescue Services Association of WA (Inc)
Junior & Sub Junior Members

MEDICAL FORM

To be completed prior to attending all competitions. This confidential report is intended to assist coaches and team managers in case of any emergency with your child.

Name: _____ Date of Birth: _____
(birth extract photocopy to be attached to this form)

Parent/Guardian Full Name: _____

Residential Address: _____

Phone: Home: _____ Work: _____ Mobile: _____

Emergency Contact: Name _____ Phone: _____

Family Doctor: _____ Phone: _____

Medicare Number: _____

Private Medical Fund: _____ Member Number: _____

Please tick if your child suffers from any of the following:

- | | | | |
|---|---|---------------------------------------|---|
| <input type="checkbox"/> Heart condition | <input type="checkbox"/> Travel sickness | <input type="checkbox"/> Phobias | <input type="checkbox"/> Recent Illness |
| <input type="checkbox"/> Fits of any type | <input type="checkbox"/> Black outs | <input type="checkbox"/> Dizzy spells | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Migraine | <input type="checkbox"/> Recent operation | | |

Other _____

Last Tetanus immunisations: _____

Tablets or medicines currently being taken (if any): _____

For hygiene reasons competitors must supply their own medication which should be kept with them at all times.

Allergies

Penicillin or other antibiotics _____

Foods _____

Other _____

Please specify any special care recommended: _____

Consent to Medical attention:

Where it is not practical to communicate with me, I authorize / consent to my child receiving such medical treatment as may be considered necessary.

Signed: _____ **(Parent/Guardian)**

(This signed consent is required for all volunteers, juniors/sub juniors, participating in competitions at any venue)