



XV Australian Deaf Games Gold Coast 2008

Be part of the Games we love!

Please read the following instructions carefully.

Everyone must read and fill out the Games Registration form on Page 2.

If you are a athlete or official, you must also read and fill out Pages 3 and 4. If you are a visitor, DO NOT fill out these forms. GO to the registration pack for visitors.

If you are not sure how to fill out the form or if you need help, contact your Sports Association or State Branch and they can assist you.

Make sure you supply TWO (2) colour passport-size photographs of yourself with a plain background and your face is easily seen.

Send your form/s and payment to your State Branch.

Note: If you are participating in Basketball, Cricket or Netball, send Pages 3 and 4 to your Team Manager. Page 2 is optional if you have already put in your Games registration early.

KEY DATES

31 August 2007 - deadline for Early Bird registration

9 November 2007 - deadline for Standard registration

10 November 2007 - Late registrations only after this date.

REGISTER NOW

Early Bird Discounts
available until
31 August 2007

Save!!!

Senior and Youth
rates also available.

ACT & NEW SOUTH WALES

Deaf Society of New South Wales
Level 4, Macquarie House
169 Macquarie St, (PO Box 1060)
Parramatta NSW 2124
TTY: (02) 9893 8858
Fax: (02) 9893 8333
tclews@deaf.nsw.edu.au

NT & QUEENSLAND

Deaf Sports Recreation
Queensland (DSRQ)
PO Box 173
Annerley QLD 4103
TTY: (07) 3848 6002
Fax: (07) 3848 6045
dsrq@dsrq.org.au

SOUTH AUSTRALIA

South Australian Deaf
Recreation Association (SADRA)
c/o PO Box 7095
Hutt Street, Adelaide SA 5000
TTY: (08) 8223 6530
Fax: (08) 8232 2217
jagujs@deafsa.org.au



XV Australian Deaf Games
Gold Coast 2008

TASMANIA

Tasdeaf
(Australian Deaf Games)
59 Cadbury Road
Claremont TAS 7011
TTY: (03) 6249 1174
Fax: (03) 6249 8818
training@tasdeaf.org.au

VICTORIA

Deaf Sports Recreation
Victoria (DSRV)
Level 3, 340 Albert Street
East Melbourne VIC 3002
TTY: (03) 9473 1161
Fax: (03) 9473 1122
dsrv@pacific.net.au

WESTERN AUSTRALIA

Western Australian Deaf
Recreation Association (WADRA)
PO Box 8558
Perth BC WA 6849
TTY: (08) 9441 2690
Fax: (08) 9441 2695
tonyklimek@hotmail.com

NEW ZEALAND

Deaf Sports Federation
of New Zealand (DSFNZ)
Po Box 24030
East Linwood, Christchurch NZ
Fax: +64 3 960 4426
dsfnz@paradise.net.nz

REGISTER NOW!

Please **PRINT IN BLOCK LETTERS** and complete all details to successfully register for the Australian Deaf Games.

SECTION ONE - Contact Details

Given Name: _____ Surname: _____

Gender: (Tick One) Male Female Date of Birth: DD / MM / YYYY

Postal Address: _____

Suburb/City: _____ State: _____ Postcode: _____

Country: _____ Home Phone (V/TTY): _____

Email: _____ Mobile/SMS: _____

I am... (Tick One) Deaf Hard of Hearing Hearing

I am registering as... (Tick One) Athlete Official

If you are 17 years or under, please insert parent/guardian contact details below. If you are 18 years or older, go to SECTION TWO

Parent/Guardian Given Name: _____ Surname: _____

Address: _____

Home Phone: _____ Mobile/SMS: _____

Email: _____ Relationship: _____

SECTION TWO - Games Registration Fee

Full Access Registration Opening Ceremony and full access to all venues	Early Bird Rate until 31 August 2007	Tick	Standard Rate 1 Sept to 9 Nov 2007	Tick
Adult	\$140.00	<input type="radio"/>	\$160.00	<input type="radio"/>
Senior* (65 years or over as at 1 January 2008)	\$115.00	<input type="radio"/>	\$135.00	<input type="radio"/>
Youth* 13 to 17 years old (as at 1 January 2008)	\$115.00	<input type="radio"/>	\$135.00	<input type="radio"/>
12* years and under	FREE	<input type="radio"/>	FREE	<input type="radio"/>

*Photocopied identification clearly showing proof of age such as a birth certificate, passport or drivers licence must be attached to this form. Last minute registration will be available after 10 November 2007.

SECTION THREE - Sport Entry Fee

Team Sport - if you are participating as an Athlete, Official or Coach

BASKETBALL CRICKET NETBALL See your Team Manager for more information.

Individual Sport - if you are participating as an Athlete, Official or Coach

SPORT: _____ 1. _____ \$ _____
OTHER SPORT: _____ 2. _____ \$ _____
OTHER SPORT: _____ 3. _____ \$ _____

SECTION FOUR - Payment Details

Bank Cheque Money Order

Please tick your preferred payment option. Bank cheques or money orders are to be made payable to your State Branch. Personal cheques not accepted. Please do not send cash through the mail.

Registration Fee (Section Two) \$ _____
Total Sport Entry Fee (Section Three) \$ _____
GRAND TOTAL FEE \$ _____

General Information

COMPETITION DATES

(subject to change) See www.austdeafgames.org.au for the latest schedule or contact your Sports Convenor.

COMPETITION TIMES

(subject to change) See www.austdeafgames.org.au for the latest schedule or contact your Sports Convenor.

MEDAL PRESENTATION

After the finals.

VENUE DETAILS

Southport Bowls Club

ENTRIES CLOSE

Friday 9 November 2007

SPORTS CONVENOR

Karen Jahn
kjahn@deaf.nsw.edu.au
0401 139 677

SPORT FEE

\$40 per athlete

TECHNICAL RULES

Contact your Sports Convenor to get a copy of the rules.

ADDITIONAL INFORMATION

You must also complete and sign:

- Games Registration form
- Games Agreement form

Submit all forms to your State Branch NO LATER than 9 November.

Your State Branch will:

- prepare a team list by Monday 12 November, and
- submit names for Doubles, Mixed Doubles and Team events by 2 January 2008.

Contact Details

Given Name: _____		Surname: _____	
Gender: (Tick One)	<input type="radio"/> Male	<input type="radio"/> Female	Date of Birth: DD / MM / YYYY
Postal Address: _____			
Suburb/City: _____		State: _____	Postcode: _____
Country: _____		Home Phone (V/TTY): _____	
Email: _____		Mobile/SMS: _____	

Please select your event

Singles	<input type="radio"/> MEN	<input type="radio"/> WOMEN
Mixed Doubles	<input type="radio"/> MIXED	
Teams	<input type="radio"/> MEN	<input type="radio"/> WOMEN

Total Sport Entry Fee

\$ 40.00

Send this Sport Entry form to your State Branch along with the Games Registration form and Games Agreement form.

Your State/Territory/Country (Please tick)

ACT
 NSW
 NT
 QLD
 SA
 TAS
 VIC
 WA
 NZ



PARTICIPATION AGREEMENT

All Participants must read and sign this Participation Agreement

A "participant" defines a person who participates in the XV Australian Deaf Games in any of the follow capacity: athlete, official or coach.

I agree to abide by:

1. the rules and regulations of the XV Australian Deaf Games events as determined by the Games Organising Committee 2008 (GOC08), Deaf Sports Australia (DSA) and my National Deaf Sport Organisation; and
 2. all written and verbal instructions that may be given, from time to time, by GOC08 designated officials during the Games.
- I accept that any decision of the XV Australian Deaf Games Judges and officials will be final.
 - I will at all times participate in the XV Australian Deaf Games with fair play.
 - Events for the XV Australian Deaf Games may proceed in all weather conditions provided organisers and event official determine that it is safe to do so.
 - The GOC08 reserves the right to change venues, competition days and schedule of events and to cancel events.
 - I declare that :
 1. I am in a physically fit and healthy state required to participate in events that I am entering in; and
 2. that I am not aware of any serious medical condition that would prevent me from participating in these physical or social activities in which case I agree to idemnify both the GOC08 and DSA for any injury arising from this pre-existing medical condition
 - If I sustain an injury or illness while participating in the XV Australian Deaf Games, I hereby authorise medical personnel to perform and administer first aid medical treatment as deemed necessary and to seek specialised medical attention at hospitals and medical centres if deemed necessary by first aid and medical staff in attendance at the XV Australian Deaf Games event. I also agree to reimburse GOC and DSA for any cost assosicated with any medical attention that is administered on my behalf.
 - I agree that I have been advised to acquire adequate personal accident and health care insurance as a participant of the XV Australian Deaf Games. I accept that it is my responsibility to organise my own travel and personal accident insurance to cover my property and myself for the whole period of the XV Australian Deaf Games.
 - I, as an athlete, agree not to take any banned substances as defined prohibited by the World Anti-Doping Agency (WADA). I agree not to take any banned substance as defined by WADA. I agree to freely provide urine samples to officials of the Australian Sports Anti-Doping Authority (ASADA) if requested during the XV Australian Deaf Games.
 - DSA reserves the right to disqualify participants who are determined by ASADA to have used banned substances. DSA also reserves the right to disqualify or expel participants who did not meet or oblige with DSA's Anti-Doping policy.
 - I accept that any application for a refund will be accepted at the discretion of GOC08 under its Payment and Refund Policy.
 - I accept risks attendant to my participation in the XV Australian Deaf Games and thereby agree to indemnify, release the GOC08 and DSA from any liability and/or injury that I might suffer, during or due to my participation in the Australian Deaf Games

- I understand that my name, such relevant personal information and photographs identifying my person is required by the GOC08 and DSA and I consent and agree to supplying this information.
- These terms and conditions shall be governed by the laws of the State of Victoria & the Commonwealth of Australia, and actions arising hereunder or relating hereto shall be brought in a court of competent jurisdiction in Melbourne, Victoria, Australia.
- I am 18 years of age or over and have the authority and the right to enter into this agreement and to be bound by these terms and conditions.

Participation Acceptance

1. I acknowledge that I have read and understand the Games Agreement and its associated policies and agree to be bound by it.
2. I acknowledge that I have voluntarily entered into this agreement and have understood the terms of entry, as per this agreement:

Signed: _____

Print Name: _____

Date: ____/____/____

Where a Participant is under 18 years of age, to be signed by Participant's Parent /Guardian as well as the Participant:

Signature of Participant's Parent/Guardian:

Print Name: _____

Date: ____/____/____

Confirmation: Registrations will not be accepted without payment and two (2) passport size photos. Please ensure that all your contact details are completed correctly on the form.

Cancellation: Please refer to the Payment & Refund Policy which can be viewed on www.austdeafgames.org.au

Invoice: On payment, this registration form becomes a tax invoice.

Disclaimer: The ADG Schedule is subject to change, check with your State Branch or visit www.austdeafgames.org.au.

Privacy Policy: Personal information which you have supplied on this form is used for the purposes of registering you for the 2008 Australian Deaf Games. As part of this function the Games Organising Committee 2008 (GOC08) will share your personal information with Deaf Sports Australia (DSA) and will use your information to inform you, by email and/or other means, of the events, products, services and other promotional activities we offer in association with the 2008 ADG. Your information may be used for statistical or marketing purposes by DSA for future ADGs and/or funding opportunities to further enhance deaf participation in sport. You are not required to complete the entire form, however if we do not receive sufficient information to contact you then we may be unable to register you for this event. Your details may be shared with sponsors of the 2008 ADG for promotional and marketing purposes.