



Wangi Touch Individual Registration Form

Team Name:

(if you do not have a team yet please write BLANK and we will attempt to find a team for you)

Personal Information

First Name:

Surname:

Mobile number

E-mail address

Address

Suburb:

Postcode:

Date of Birth:

Sex:

Male

Female

Next of Kin:

Next of kin full name:

Next of kin contact number:

Relationship (Wife, Mother, Partner, etc)

Medical:

Allergies / medical conditions:

Medications/treatment

In an emergency do you consent to an ambulance being called?

Yes

No

Completed form to be returned to your team manager with payment or emailed to secretary@wangi-warriors.com
Payment must be made in full to your team manager / organiser before first round (no exceptions)