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| **Field Naturalists Society of SA** **Inc. &**  **Mammal Club, and Reptile & Frog Group**  **FIELD REGISTRATION FORM: @ Octoberber 2023**  **CONFIDENTIAL** |  |

This form is an appendix to the document: ‘***PROTOCOL FOR PARTICIPATING IN FNSSA FIELD SURVEYS’*** available on the FNSSA website. This Registration Form must be completed by participants in field surveys & Campouts then emailed to the Trip Leader before commencing survey, event, and camping activities. All participants must be current financial members of the FNSSA, or member organisation endorsing this event for insurance liability purposes.

The personal information provided below will be **confidentially** maintained by the Trip Leader (s).

The information will only be provided to Next-of-Kin, first aiders, paramedics or medical & hospital staff in the event of an accident, illness or other emergency during the survey period.

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| **Survey / Event: BROOKFIELD CONSERVATION PARK Fauna Survey WEEKEND,**  **Thursday 28th September to Monday 2nd October 2023 Long-weekend** | | | | |
| **Organisation:** | | | | |
| **Surname**: | | | **First name**: | |
| **Address:** | | | | |
| **Mobile:** | | | | |
| **Email:** | | | | |
| Who would you like the Team Leader or delegate to contact in the event of an emergency: | | | | |
| **Surname:** | | **First name:** | | |
| **Phone:**  **Mobile:** | | **Address:** | | |
| **Email:** |  | | | |
| Please list any current medical conditions, significant allergies, or medications being taken that a first aider, paramedic or hospital should be aware of if emergency treatment is required: | | | | |
| Do you have current basic or advanced first aid training? **YES / NO** ………………………  If so, are you available to assist with first aid if the need arises? **YES / NO** ……………… | | | | |
| I have read the document **Protocol for participating** **in SAHG field surveys** & agree to comply with the policies & requirements stated in this document. | | | | |
| **Signed:** | | | | **Date:** |

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