



EVENTS



MOTORTRAIL
CHILDREN'S CHARITY

Phone: 0427 991 900
Email: info@just4kidsmotortrail.com.au
ABN: 70 482 638 747

J4K COMBINED FORMS - VERSION 14

FORMS CORRECT AS OF 27/7/2023

NUMBER	FORM	VERSION	FILE NAME
1/	ENTRANTS FORMS	14	
2/	TEAM ENTRY	14	
3/	INDEMNITY	14	
4/	MEDICAL	14	
5/	CHECKLIST	14	

Form holders: Mark Louez, Diana Roberts, Clayton Metcalfe

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 EVENTS	 MOTORTRAIL CHILDREN'S CHARITY Phone: 0427 991 900 Email: info@just4kidsmotortrail.com.au ABN: 70 482 638 747	MOTOR TRAIL PARTICIPANTS CHECKLISTS SURF TO SNOW ADVENTURE 2024
Qld Charity Registration: CH1507 - ABN Number: 704 826 387 47		

SOME WORDS FROM THE EVENT DIRECTOR

Welcome, and congratulations on joining us to support our upcoming fundraising event. The 2024 Surf to Snow High Country Adventure. We appreciate your contribution to our cause. If you have any queries, then ring Diana Roberts on 0427 991 900 or email info@just4kidsmotortrail.com.au

Your vehicle will be one of the most important components of this trip. Discuss the trip with your regular mechanic so he is fully aware of the conditions you may encounter. During the event, conditions will vary from bitumen, dust, mud, potholes or corrugations, have your vehicle prepared. If you are towing, have a good quality towing hitch and sturdy suspension. A rear yellow dust light is required.

It is never too early to check all your gear, including a pre-camp on the back lawn. All vehicles are to be scrutineered prior to departure by Rod Williams. (Chairman) For trouble-free motoring, drive to the conditions and understand the ability of both your vehicle and yourself. Never let your ambitions get mixed up with your ability.

It is absolutely mandatory to have a UHF radio (40 or 80 channels) in your possession during the event. You must ensure that the radio is always set on Channel 10 and never turned off. In addition, it is imperative that the volume is set at a level that allows you and your navigator to clearly hear any discussions or messages being communicated.

To ensure maximum safety, we recommend an extra UHF radio be installed, or a handheld UHF be utilised on a channel that is not currently in use by our group. All transmissions must be heard to ensure safety is maintained at all times.

Our chefs provide three meals daily. However, please bring your own snacks and beverages. Additionally, you need to bring your own crockery, cutlery, cups, and glasses, along with tea towels and a lunch box.

Be sure to bring your best self and your reliable ENGEL on the trip, and see you at the Meet & Greet. Prepare in advance to ensure a successful event.

Cheers for now
The Event Director



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JUST4KIDS MOTOR TRAIL

VERSION
14

TEAM ENTRY

2024

Name:

Address:

State:

Post Code:

Phone H:

Business:

Mobile:

Fax:

Email:

VEHICLE DETAILS

Make:

Model:

Year:

Rego No:

No. of People in Vehicle:

Are you towing a camper/trailer?

☐ YES

☐ NO

Team Name:

Preferred Entry Number:

DECLARATION

I, The Undersigned, wish to make an application for a Team Entry in the 2024 Just4Kids Motor Trail. I understand that the acceptance of this application is at the discretion of the Management Committee of the Just4Kids Motor Trail and that those persons entered as a team do so entirely at their own risk. Upon acceptance of this entry application and before the event, I agree to sign the Just4Kids Motor Trail Indemnity Form and advise all other team members that they must do the same as a condition of entry. I acknowledge that the Entry Fee of six hundred dollars (\$600.00) enclosed with this application form is non-refundable upon acceptance by the Management Committee of the Team's Entry application. I accept that if my vehicle and/or trailer breaks down, it is solely my responsibility to recover the units and pay all and any expenses involved directly or indirectly with the recovery directly to the recovery team or any other transport or service required to continue or return home.

Furthermore, I pledge that as part of this application, a donation (tax-deductible) of eight hundred dollars (\$800.00) will be made for each team adult member (including myself) travelling in my vehicle and that such donation will be paid before the **07th January 2024** there for claimable in the financial year **2023/2024**. I also acknowledge that each team member (including myself) shall also be required to pay an additional payment before the event for the provision of Catering/Tours/Permits during the event and which will also include entry to our Presentation Dinner Function.

The Directors of Just4Kids want to make it clear that unforeseeable circumstances may arise. The Event Motor Trail Director has the authority to alter the pre-advertised Event description, planned route, and/or cost for any reason, such as road conditions, accommodation, tours, or other arrangements that may have been established or advertised as a Just4Kids promotion or a supplier of any product or activity.

The Just4Kids Motor Trail committee will do their best to adhere to the chosen Motor Trail route as outlined in the Brief. However, they cannot be held accountable for any arrangements or funds spent by entrants who have directly paid for services in advance. The committee will work with entrants to resolve any issues that arise. Please note that parents or guardians are responsible for their child or children at all times during a Just4Kids Motor Trail event. It is important to understand that Just4Kids Motor Trail Tag-A-Long is a charitable fundraising event and not a commercial activity.

The Privacy Act 1988 and the Just4kids Children's Charity.

By participating in this event, your personal information will be collected and stored to keep track of entrants and maintain a list of participants. We assume your consent to this unless stated otherwise. Failure to provide the necessary information will result in the rejection of your entry. Rest assured. Your information will not be sold or shared with third parties. However, J4K Motor Trail may send electronic newsletters to the email address you have provided.

I, The Undersigned, have thoroughly read and comprehended the Declaration, and I am aware of the obligations it entails for myself, my fellow team members, and my participation in the Just4Kids Motor Trail.

Signed:

Dated:

ALL PERSONS WHO INTEND TO DRIVE YOUR VEHICLE SHOULD BE LISTED BELOW.

Name:

Driver's License

No:

Name:

Driver's License

No:

Name:

Driver's License

No:

Name:

Driver's License

No:

PAYMENT

Cheques:

All cheques should be made payable to Just4Kids Motor Trail

Credit Cards:

Payments made by credit card. Visa & MasterCard only. Including surcharge

Name on Card:

Card Type:

Card Number:

Expiry Date:

Charge Amount:

Being for:

Cardholder to sign:

Payment plans with periodic payments can be arranged if required.
Please tick the box and contact the Secretary whose details are below
if you require this. Bank charges/fees apply to credit card
transactions.

☐

Payment Plan:

When this form is completed, please forward it by:

Post:

The Secretary
Just4Kids Children's Charity Motor Trail
PO Box 6669
GOLD COAST MAIL CENTRE, QLD 9726

or Email:

info@just4kidsmotortrail.com.au

Contact:

Diana Roberts

Phone:

0427 991 900



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INDEMNITY FORM for

2024

Name:

Address:

State:

Post Code:

Car Number:

Conditions of Entry

All entrants, officials, drivers and passengers enter and participate in this event solely at their own risk. In consideration of the acceptance of your entry to attend the Just4kids Motor Trail, the applicant releases the organisers, Pacific Rim Just4kids Children's Charity, The Management Committee and any sub-committees of any and all liability for any loss, damage or injury to the applicant, their party and /or their vehicle. The entrant, by participating and/or driving in this event, and passengers, by taking part, shall waive the right of action at law against the organisers, the Just4kids Motor Trail, the committee, associated organisers, their representatives or agents, for loss, damage or injuries arising from attendance and participation in this event howsoever caused. We accept all protocol conditions incurred by COVID-19 being quarantined or delayed by state border closures and agree to cover our personal costs if such a situation occurs. By signing this indemnity, the vehicle driver also confirms that he/she has checked that the vehicle is currently, and will remain, fully registered and insured for the duration of this event, including travelling time to and from the event. Parents/guardians accept total responsibility for their child/children whilst in transit and/or during recreational time whilst on a Just4Kids Motor Trail event. The vehicle driver is responsible for advising any and all passengers of this indemnity and ensuring that anyone who drives the entered vehicle is the holder of a current driver's licence for the duration of the event.

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The Privacy Act 1988 and the Just4kids Children's Charity.



We collect the personal information you provide to identify entrants and maintain registers of participants at this event. Your consent for us to collect and store this information is implied unless you notify us that you do not consent to your information be so used, however if you do not provide the information sought we will be unable to accept your entry. Under no circumstances will information be sold or given to external agencies for any purpose.

Acknowledgement

I, the undersigned, acknowledge and accept the conditions listed above.

Signed:

Dated:

  <p>Phone: 0427 991 900 Email: info@just4kidsmotortrail.com.au ABN: 70 482 638 747</p>	<h1>MEDICAL FORM</h1>		<h1>CAR No. ?</h1>
	2024	VERSION 14	

Personal details:

Please provide us with a little information about yourself that could prove to be vitally important in the case of an emergency.

FULL NAME:

DATE OF BIRTH:

RESIDENTIAL ADDRESS:

POSTAL ADDRESS:

Use 'DITTO' if as above.

DRIVER'S LICENCE NUMBER:

STATE:

VALID TO:

MEDICARE NUMBER:

VALID TO:

PRIVATE HEALTH COVER:

POLICY NUMBER:

IF YOU ARE ON A PENSION OR HAVE A SENIOR CARD OR HEALTH CARE CARD, PLEASE PROVIDE:

NUMBER ON CARD:

AND TYPE OF CARD:

Next of kin details:

This is the person legally nominated by you as your Next of Kin. This person may or may not be with you on this event. It may be a parent, spouse, child, sibling or anyone nominated by you. This person does not have to be notified in case of an emergency.

FULL NAME:

PREFERRED NAME:

RELATIONSHIP TO YOU:

PHONE:

H:

W:

M:

DO YOU WISH THIS PERSON NOTIFIED IN CASE OF AN EMERGENCY?

YES

NO

Emergency contact person:

This is a person nominated by you as a contact in case of an emergency. This person **MUST NOT** be travelling with you on this event and **SHOULD NOT** be a person on this event. If this is the same person as your Next of Kin please write AS ABOVE in name section.

FULL NAME:

PREFERRED NAME:

RELATIONSHIP TO YOU:

PHONE:

H:

W:

M:

Private Doctor Details: (Optional)

DOCTOR'S NAME:

PHONE No:

What condition do you see this person for?

FULL NAME:

CAR No:

?

Current medical details:

Please list below any current medical conditions that you have had in the past six months or are suffering from currently. Eg. Asthma, Diabetes, Epilepsy, Cardiac Conditions, Blood Pressure Problems, Surgical Procedures, Broken or Fractured Bones Etc.

MEDICATION Name of drug/medication on packet	AMOUNT TAKEN Dosage taken each time you take medication	HOW OFTEN How often do you take this medication?

Other relevant medical details:

Please list below any relevant previous medical conditions / surgery. Eg. Cardiac surgery, Spleen removed, Major fractures / Broken bones requiring surgery, Hip replacement, Collapsed lung/s, Significant trauma etc.

Covid - 19 Information (not compulsory)

Have you had a Positive Covid Test?

☐☐

If yes, please provide details in "Other Medical Info" on following page

Do you live in, or have been in a Identified Covid Hot Spot or other location with Self Quarantine requirement?

Y / N

If yes please provide details and dates.

Date of latest Covid-19 Negative Test

Have you started and/or completed the immunisations for Covid-19?

YES / NO

if yes date of 1st injection

date of 2nd injection

I certify the above information is correct and true.

Signature:

Date:

Drug Allergies:

Please list below any known drug allergies / reactions and the reaction you have (if known). Eg Allergic to Penicillin - causes itching and skin rash.

DRUG	REACTION (if known)

Food Allergies:

Please list below any known food allergies / reactions and the reaction you have (if known). Eg Allergic to Bananas - causes severe anaphylactic reaction / choking.

FOOD	REACTION (if known)

Do you carry emergency medication for any allergies?

YES

NO

Please detail any medication that you will need to carry.

--

Do you have spare medication for our Medical Officer to carry?

YES

NO

Spare medication provided will be carried in a refrigerated container and returned at the end of the event.

FULL NAME:

0

CAR No:

?

ALLERGIES continued...

Other Allergies:

Please list below any known food allergies / reactions and the reaction you have (if known). Eg Hairy caterpillars - causes severe skin rash.

ALLERGY	REACTION (if known)

Do you carry emergency medication for any allergies? YES NO

Please detail medication.

Other Medical Information:

Please list below any other information you feel may be of assistance to you in case of an emergency. Eg. To remove artificial leg - undo buckle at top above knee first.

VEHICLE INFORMATION

Please list below details of the vehicle you will be travelling in **IF YOU ARE THE DRIVER / OWNER / RENTER**.

Please list **ONLY** the registration number of the vehicle you will be travelling in **IF YOU ARE A PASSENGER**.

MAKE: MODEL: YEAR:

REGISTRATION NUMBER: REGISTRATION EXPIRY DATE:

HOW MANY PEOPLE (TOTAL) ARE TRAVELLING IN THIS VEHICLE INCLUDING YOURSELF?

CAR No:

IMPORTANT INFORMATION

This form must be given to a Just4Kids director prior to the start of the event. The information provided will be if required, given to any Ambulance / Medical personnel that may at any time during the event be required to treat / transport you. On completion of the event these documents will be destroyed. If you wish to have the forms returned to you please inform the event medical director and the event director of your request. No responsibility will be taken for false or incorrect information given or omitted on this form.

PLEASE ADD ANY OTHER INFORMATION YOU BELIEVE TO BE IMPORTANT ON A SEPERATE SHEET.



**MOTOR
TRAIL
2024
SURF TO SNOW
ADVENTURE**

Must have it!
Nice to have it!
Already got it!
Got to get it!
Not for me!

Long term planning - GENERAL

- | | | | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 1/ Ensure your vehicle is 100% roadworthy.
<i>Pay particular attention to Wheel Bearings and Suspension Components.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2/ Plan for a full service and inspection 2 months prior to the event.
<i>There will be limited opportunities to do this on the Trail.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3/ Vehicles 10 yrs or older, check fan belts and hoses and carry spares.
<i>Easier than trying to find spares on the Trail.</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4/ Arrange to service your Air-conditioning
<i>It is hot, dry and dusty on the roads</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5/ Arrange a second spare- speak to MTD if you can't carry it
<i>Make sure you have suitable wheel nuts for this wheel because wheel nuts can be lost.</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6/ Lightweight roof racks WILL NOT make it there and back
<i>Consider what is going on the roof if you have a lightweight rack</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7/ You need to be able to travel 600k without refilling at a servo.
<i>Extra fuel must be carried in approved containers.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8/ Ensure your jack, jacking plate & wheel brace suit your vehicle & height
<i>A suspension lift kit can make standard jacks inoperable.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9/ It is advisable to have recovery points both front & rear, see a 4x4 shop
<i>Do not confuse tie down points with recovery points</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10/ UHF radio with quality spring base steel antenna fitted
<i>Handhelds and stainless steel antennas are not suitable</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11/ Fire extinguisher 1kg capacity fitted and serviceable
<i>Must have been inspected and certified within the last 12 months</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12/ Good tyres all round are essential particularly if you have 17"/18" rims.
<i>It is always better to replace tyres before an event rather than during</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13/ A well stocked and easily accessible First Aid Kit.
<i>Check the use by dates on all items and replace as necessary</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14/ A long handled shovel is just sooo useful.
<i>Also much easier to use than a folding variety.</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15/ General spares including fuses, wire, belts hoses, cloth tape etc
<i>You may never use them but then again, you might.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16/ Suspension components - replace anything worn out
<i>Easier to do before the event than during.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17/ Navigators ! A GPS with mileage read out for the passenger to navigate from.
<i>Allows for easy navigation from your daily J4K trip sheets (Speedo is difficult to see from passengers side)</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18/ A snorkel is not necessary but is a good idea fitted with an external dust filter
<i>This will keep the air going into your engine clean.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19/ Fit a rear dust light high on your vehicle the roof rack is a good spot.
<i>Must be amber or red, rotating or strobe. Rear safety device for dusty conditions.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20/ Hand held UHF radio as a spare or for chatting to other entrants
<i>Talk to other entrants without EVER moving your fixed radio off the Motor Trail channel.</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



**MOTOR
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ADVENTURE**

Must have it!
Nice to have it
Already got it!
Got to get it!
Not for me!

Recovery Gear

- 1/ Dynamic Recovery Strap (rated snatch strap)

Must be rated at NOT more than 3 times your vehicle weight. (bigger is not better)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 2/ Rated Bow Shackles (the rating is cast into the shackle)

For attaching Recovery or Equalising Strap to the vehicle

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- 3/ Recovery Blanket to protect vehicles and bystanders if points fail

This should not be your recovery strap bag unless specifically designed as a blanket

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- 4/ A good quality air compressor

*A good air compressor **WILL NOT** have a cigarette lighter connection*

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- 5/ A good quality tyre gauge.

If you drop your tyre pressures, then you need to put them back up correctly to remain safe.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Packing List

- 1/ First Aid Kit

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- 2/ Recovery Kit

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- 3/ Spares Kit

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- 4/ Camping Kit

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- 5/ Personal Clothing

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- 6/ Any required medications

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- 7/ Emergency / medical forms for all crew.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- 9/ Insect repellent, stingose, sunscreen, hat, soap and towel

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- 10/ Ten litres of fresh drinking water (More if you have children)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- 11/ Cash to pay for fuel where fuel/credit /debit cards **ARE NOT** accepted.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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