

|   |           |   |  |
|---|-----------|---|--|
| AFFILIATED CLUB: <b>Townsville Outriggers</b>   |           | Club Address: PO Box 7496 Garbutt QLD 4814        |  |
| <b>NEW MEMBER - CLUB PADDLER REGISTRATION</b>   |           |   |  |
| <b>Member Details, Contact information</b>  |           |   |  |
| Surname:  |           | Given Name:                                       |  |
| Date of Birth (dd / mm / yyyy)  |           | Gender (m / f)                                    |  |
| Mail Address:   |           |   |  |
| State:  |           | Post Code:  |  |
| Tele Home: ( )  |           | Tele Work:  |  |
| e-Mail:   |           | Mobile:   |  |
| Next of Kin Name:   |           | Relationship:                                     |  |
| Address:  |           | Telephone:  |  |
| <b>Additional data, important to your membership</b>  |           |   |  |
| Are you a Competent Swimmer ?   |           | < Select Yes/No                                   |  |
| Note: to meet AOCRA safety requirements, each Club is required to ensure member swimming competency, through certification or testing   |           |   |  |
| Do you suffer any Medical Conditions ?  |           | < Select Yes/No                                   |  |
| If Yes, please discuss with club registrar / head coach, and please list medical conditions and all pre-existing conditions and injuries:<br>(such as asthma, heart condition, blood pressure, diabetes, etc. )   |           |   |  |
| Condition   | Treatment | Year  |  |
|   |           |   |  |
|   |           |   |  |
| Do you subscribe to State/Territory Ambulance Service ?   |           | < Select Yes/No                                   |  |
| Are you a Member of a private health care fund ?  |           | < Select Yes/No                                   |  |
| Do you agree for your details to be used for publication ?  |           | < Select Yes/No                                   |  |
| Are you Transferring from another AOCRA Club ?  |           | < Select Yes/No                                   |  |
| If Yes, from which Club ?   |           | and please Complete the <b>Club Transfer Form</b> |  |
| Please note your Occupation:  |           |   |  |
| <b><i>I hereby acknowledge that I have read and consent to being bound by the AOCRA Indemnity Agreement and abide by the Rules, Directions and Constitution of AOCRA INC and the club and to accept the terms, exclusions, conditions and limitations of I.E.A. Sports Injury and Legal Liability Insurance Contract.</i></b><br><b><i>I have read and understand the AOCRA Anti-Doping Policy as published at <a href="http://www.aocra.com.au">www.aocra.com.au</a></i></b><br>My signature below acknowledges that I AGREE UNCONDITIONALLY TO ACCEPT THE TERMS OF THE ABOVEMENTIONED DOCUMENTS |           |   |  |
| <b>Approval Signatures</b>  |           |   |  |
| Paddler Signature:  |           | Date:   |  |
| Parent / Guardian Signature (If paddler 18 or Under)  |           | Date:   |  |
| Nominated By:   |           | Zone ID No: Signature Date:                       |  |
| Seconded By:  |           | Zone ID No: Signature Date:                       |  |
| Club Registrar Signature:   |           | Date:   |  |
| Zone Registrar Signature:   |           | Date:   |  |
|   |           | AOCRA Zone / Paddler No.                          |  |
| <b>Payment Methods</b>  |           |   |  |
| <b>Cash, or Cheque Payable to:</b>  |           |   |  |
| Internet Pay Anyone Transfer To:  |           | ACCOUNT No.                                       |  |
| Account Name  |           | BSB No.   |  |
| Townsville Outrigger Canoe Club Inc.  |           | 484 799   |  |
|   |           | 000592652   |  |
| <b>Please Provide a copy of your Internet Payment Receipt with this Membership form</b>   |           |   |  |