



BUNDABERG DRAGON BOAT CLUB INC

www.bundvdragons.org

Membership Application Form Season 2011/12

Name: _____

Address: _____

Suburb: _____ State: _____ Post Code: _____

E-Mail: _____

Phone H _____ W _____ Mob _____

Emergency Contact: _____ Phone: _____

DOB: _____ Weight: _____ Can you swim 100 m: Yes No

Do you have pre-existing medical conditions: Yes No

If Yes, please state: _____

Are you a Breast Cancer Survivor: Yes No

Would you like your particulars passed on to Bundy Dragons Abreast Yes No

Qualifications: Blue Card – No/Exp Date _____

First Aid – Exp Date _____

Sweep Accreditation

Other _____

I would like to join Bundy Dragons, valid to 30th June, 2012

Please tick as many as applicable:

Sports Paddler

Associate Member

DAA Paddler

DAA Supporter

Social Paddler

Junior Paddler

Membership Fees

Sports/DAA/Social \$110

Junior \$60

Associate Member \$50

Payment Amount \$ _____ Cash Cheque Money Order Direct Deposit

Direct Deposit: Wide Bay Capricorn: BSB:656400 Account No: 105174483

Name: Bundaberg Dragon Boat Club (Please make cheques payable to Bundaberg Dragon Boat Club)

(Please quote your full name when paying by direct deposit) **Payment Ref No**.....

Please supply a passport size photo or email photo to secretary@bundydragons.org

I agree to the Constitution, and Policy and Procedures of Bundy Dragons and I agree to be bound by the rules of Bundy Dragons. I will advise the coach of any pre-existing condition that may affect my paddling capacity. I also agree to abide by the rules of competition set by the QDBF, the AusDBF and the IDBF

Signature of Applicant _____ Date _____

Signature Club Representative _____ Date _____

Acceptance subject to management committee approval

Office use only

Date Paid _____ Amount Paid _____ Cash-Cheque-Direct Deposit-Other

Receipt No _____ Date QDBF Paid _____ QDBF No _____



CONSENT AND MEDICAL INFORMATION FORM

Surname: _____

Christian Names: _____

Address: _____

Telephone: Home: _____ Mobile: _____

Date of Birth : _____

Please answer the following questions:

1. Do you suffer from any chronic illness or disability? **YES / NO**

If so please list: _____

2. Do you have an allergy to any medication? **YES / NO**

If so please list: _____

In the event that you should require medical attention, it would assist if you could supply the relevant information:

Medicare No: _____

Health Care Card No: _____

Private Health Insurance Fund: _____

Emergency Contact: _____ Relationship: _____

Phone No: Home: _____ Work: _____ Mobile: _____

In the event of any accident or illness, I authorise the obtaining of such medical assistance on my behalf that I may require. I also undertake to pay medical fees and/or cost which may be incurred.

Signature: _____ Date: _____
(Parent or Guardian to sign for under 18)

The information you provide on this form is "personal information" pursuant to the Privacy Act 1998 ("The Act"). This information is being collected for the purpose of processing your registration. The intended recipient of this information will be Bundy Dragons. Please note that the provision of this information by you is voluntary. However, if you do not provide the information requested, Bundy Dragons may be unable to process your registration. You have a right to access to, and to alter your personal information held by Bundy Dragons in accordance with the Act.