

Clarence Coast Dragon Boat Club Inc.

	MEMBERSHIP APPLICATION	DATE:			
New / Renewal (Please ci	rcle)				
Title: First Name:	Surname:				
Date of Birth:					
Phone:	Mobile Phone:				
mergency Contact:Contact No:					
	test? Yes No Near an approved PFD at all trainin				
•	not required to complete the Medico ons which may affect your paddling	•	anges in		
Confidentiality:					
give my permission for my cor	ntact details to be made available to	members within our club	Yes / No		
I give permission for my spouse/partners name to be included on the club contact list Ye					
I give my permission for my photo to be used for Club purposes only					
agree to abide by the Club's C		•	Yes / No		
*Both documents are available www.clarencecoastdbclub.con	on the Information tab → documer 1.au	nts section of our website;			
☐ If you hold any qualification	ns listed below, please provide deta	ils in the appropriate box			
□ Working with Children	☐ 1 st Aid Certificate/CPR	□ MPIO			
Number:	Expiry Date:	Expiry Date:			
Expiry Date:					
□ Sweep: Level:	□ Coach: Level:	□ Official: Level:			
Expiry Date:	Expiry Date:	Expiry Date:			
☐ In what area would you	like to assist the Club or receive tra	ining?			
□ Regatta Organisation	□ Sweep / Coach	□ Club Organisation	Club Organisation		
□ Towing boat	☐ Social Activities e.g. Bunnings BBQ's	☐ Other skills such as IT, Finance & previous club organisations			



Clarence Coast Dragon Boat Club Inc.

ANNUAL MEMBERSHIP FEES

С	ADULT (18+yrs) - \$70.00	□ Junior (12-17yrs) - \$35	5.00 □ DBNSW - \$120.00
			the full years membership fees. E.g If ry year for both DBNSW & CCDBC.
The following for	ms need to be read and con	npleted as part of your	membership application:
□ Medical Inform	ation	e completed on-line	□ CCDBC - club documents & policies
	www.revolutionise.c	com.au/clarencecoas	<u>stdbc</u>
Signature of Appl	licant:		Date:
	l y - Direct Debit to the Club's Oragon Boat Club Inc) <i>(Please</i>		3-000 Account No: 32856659 formation in the payment detail section:
OFFICE USE ONLY	/ :		
MEMBERSHIP Ac	cepted / Declined		
Signature of Club Membership Officer/Treasurer:			Date:
Receipt No:			Date:
DBNSW ID No:			



Clarence Coast Dragon Boat Club Inc.

MEDICAL INFORMATION

MEMBER NAME:					
Allergies	YES	NO			
Asthma					
Blood Pressure					
Diabetes					
Heart Problems					
Injuries					
Medication					
Other					
Any other current or past medical conditions that may impact on your ability to paddle:					
Emergency Contact					
Name:			Phone Numbers - Home:		
Mobile:	 		Work:		

PRIVACY NOTICE

<u>Purpose of collection of information:</u> To be used for the administration of the sport of Dragon Boat Racing. <u>Intended Recipient:</u> Relevant Board members and Coaches of CCDBC.

<u>Supply of Information:</u> Not legally required. However, if you do not provide us with the relevant information, it may affect our ability to place you in a dragon boat.

Storage of Information: CCDBC club records with Membership Officer.

<u>How long the information will be stored for:</u> This information will be destroyed when an individual ceases to be a member of the club or when any updated medical documentation is supplied.