

# Canberra Sparks

## Dragon Boat Team

### Application For Membership

First Name: ..... Middle Initial: .....

Last Name: .....

Gender: Male / Female (Please circle) Date of Birth: ..... / ..... / .....  
DD MM YYYY

Residential Address: .....  
.....  
.....

Email Address: .....

Phone (H): ..... Phone (M): .....

Do you have a Facebook Account? Yes / No (Please Circle)

### Applicant Declaration

I certify that:

- I would like to join the Canberra Sparks Dragon Boat Club
- I am a member or am becoming a member of the Canberra Dragon Boats Association.
- I will adhere to any reasonable instruction given to me by the coaching and support staff.

Signature ..... Date ..... / ..... / .....  
DD MM YYYY

# Parent/Guardian Contact Details

## Parent/Guardian 1 Details

First Name: .....

Last Name: .....

Residential Address: .....

Phone (H): ..... Phone (M): .....

Phone (W): .....

Email Address: .....

Relationship to applicant: .....

## Parent/Guardian 2 Details

First Name: .....

Last Name: .....

Residential Address: .....

Phone (H): ..... Phone (M): .....

Phone (W): .....

Email Address: .....

Relationship to applicant: .....

# Applicant's Medical Information

To be completed by the parent/guardian of the applicant.

Medicare Number: ..... Card Number (e.g. #3): .....

Are you covered by private health insurance?                      yes    no    (please circle)

Fund Name: .....

Policy Number: .....

## Swimming Capability

Can the applicant swim 50m or more fully clothed and unassisted?                      yes    no    (please circle)

## Medical Conditions

*If 'yes' to any of the following, please provide details below.*

Does the applicant have any sustained or permanent injuries that may affect his/her ability to paddle?                      yes    no    (please circle)

Does the applicant have any heart defects?                      yes    no    (please circle)

Does the applicant suffer from asthma?                      yes    no    (please circle)

Does the applicant suffer from any other medical condition?                      yes    no    (please circle)

Please Give Further Details: .....

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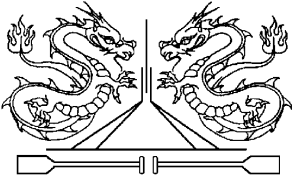
# Parent/Guardian Declaration

I declare that, to the best of my knowledge, the information that I have just given in the Canberra Sparks Application for Membership is correct and current. I certify that if I am aware, or become aware, of any other relevant medical information that I will notify the Canberra Sparks Dragon Boat Club administration team. I certify that I am the parent or legal guardian of the applicant for whom the information in this application pertains to. I give permission for my son/daughter/ward to join the Canberra Sparks Dragon Boat Club.

Parent/Guardian Name (please print): .....

Parent/Guardian signature: .....

Date ..... / ..... /.....  
DD MM YYYY



# CANBERRA DRAGON BOATS ASSOCIATION INC

ABN: 89 647 128 044

## MEMBERSHIP FORM

**First Name:**

**Last Name:**

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**Date of Birth:**

**M/F:**

**Team:**

--	--	--

**Address**

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**Suburb**

**State**

**Postcode**

--	--	--

**Telephone (home)**

**Telephone(work)**

**Mobile**

--	--	--

**Email**

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**Membership Subscription**

**CDBA Join between**

**Team**

**Category**

1 Sep-31 Mar

1 Apr-31 Aug

**Sub's**

**Subscription Amount**

Category	1 Sep-31 Mar	1 Apr-31 Aug	Sub's	Subscription Amount
Sports Member	\$150	\$75		\$
Student (see note below)	\$75	\$37.50		

**NOTE** *To be accepted as a Student Member, you must be attending a Secondary School or enrolled at a recognised Tertiary Institution, on a full time basis. A copy of your current Student ID Card must be provided with this form.*

**IN CASE OF EMERGENCY CONTACT:**

**Name:**

**Telephone:**

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**Any medical conditions, existing injuries, allergies etc that we should be aware of for first aid purposes?**


**DECLARATION** (The fine print)

- I declare that I can swim 50 metres unaided in the clothes that I will be wearing in the dragon boat, or I will wear a personal flotation device when in the dragon boat; and I am willing to take instructions in paddling and water safety;
- I realise that there is a risk of injury, possibly even serious injury or death from participating in the sport of dragon boating, but I am willing to accept this and participate completely at my own risk; and I agree to hold harmless the CDBA and its registered members from liability;
- I will abide by the Safety Rules and Regulations set by the Canberra Dragon Boats Association Inc in both competition and training.

**Signed:**

**Date:**

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**Date Fee Paid:**

**Receipt No.**

**Details entered in database**

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