

AFFILIATED CLUB: ROCKY OCC		Club Address: PO BOX 5661, CENTRAL QLD MAIL CENTRE QLD 4702	
NEW MEMBER - CLUB PADDLER REGISTRATION			
Member Details, Contact information			
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:	
Additional data, important to your membership			
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: (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 Club Transfer Form	
Please note your Occupation:			
<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 OAMPS Sports Injury and Legal Liability Insurance Contract.</i> <i>I have read and understand the AOCRA Anti-Doping Policy as published at www.aocra.com.au</i>			
My signature below acknowledges that I AGREE UNCONDITIONALLY TO ACCEPT THE TERMS OF THE ABOVEMENTIONED DOCUMENTS			
Approval Signatures			
Paddler Signature:		Parent / Guardian Signature (If paddler 18 or Under)	
Date:		Date:	
Nominated By:		Signature	
Zone ID No:		Date:	
Seconded By:		Signature	
Zone ID No:		Date:	
Club Registrar Signature:		Date:	
Zone Registrar Signature:		Date:	
		AOCRA Zone / Paddler No.	
Payment Methods			
Cash, or Cheque Payable to:			Social M'ship
Internet Pay Anyone Transfer To:			\$150.00
Account Name			Racing M'ship
ROCKY OUTRIGGER CANOE CLUB			\$250.00
BSB No.			
655-000			
ACCOUNT No.			
100248977			
Please Provide a copy of your Internet Payment Receipt with this Membership form			

WELCOME TO OUR SPORT

GENERAL INTRODUCTION

- 1 THERE ARE VERY IMPORTANT POINTS YOU NEED TO BE AWARE OF RELATING TO YOUR INTRODUCTION TO OUTRIGGER CANOEING. IT IS YOUR RESPONSIBILITY TO INFORM YOURSELF AS TO THE AOCRA RULES, DIRECTIONS, CONSTITUTION AND REGULATIONS. YOUR CLUB HAS ACCESS TO ALL THE INFORMATION MENTIONED ABOVE AND WILL BE ABLE TO DIRECT YOU TO FURTHER SOURCES. IF YOU CANNOT GET INFORMATION FROM YOUR CLUB PLEASE ADVISE YOUR ZONE OR AOCRA'S SECRETARY.
- 2 YOU MUST READ AND SIGN THE APPLICATION FORM AND THIS WELCOME INFORMATION FORM TO BECOME A MEMBER. THE APPLICATION BECOMES PART OF THE LEGAL DOCUMENTS SIGNED BY YOU, WHEREBY YOU AGREE TO ABIDE BY THE RULES, DIRECTIONS AND CONSTITUTION OF AOCRA INC.
- 3 WHERE A CHILD IS AGED BETWEEN 10 AND 18 YEARS AND WISHES TO APPLY FOR MEMBERSHIP, A PARENT OR GUARDIAN OF THAT CHILD MUST SIGN ON BEHALF OF THE CHILD AND ACKNOWLEDGE THAT THEY HAVE READ AND AGREED TO BE BOUND BY THE RULES, DIRECTIONS AND CONSTITUTION OF AOCRA INC.
- 4 YOU MUST COMPLETE A **TRANSFER FORM (F117)** IF YOU HAVE BEEN A MEMBER OF ANOTHER AOCRA OUTRIGGER CLUB.

SAFETY - MANDATORY REQUIREMENTS

see Website: www.aocra.com.au

- 5 YOU MUST MAKE YOURSELF AWARE OF THE SAFETY ISSUES ARISING FROM THE SPORT OF OUTRIGGER CANOE RACING AND OF YOUR RESPONSIBILITIES FOR YOUR OWN SAFETY AND THOSE OF OTHER OUTRIGGER ASSOCIATION MEMBERS. THIS CAN BE DONE BY READING THE TRAINING, REGATTA AND SAFETY RULES, ASKING YOUR CLUB OR YOUR COACH AND TALKING TO OTHER OTHER MEMBERS.

INSURANCE & INJURY

see Website: www.aocra.com.au

- 6 INSURANCE COVER IS PROVIDED TO AOCRA MEMBERS. THE **OAMPS** LINK ON THE AOCRA WEBSITE HAS MORE INFORMATION.
- 7 BE AWARE IF YOU SUFFER ANY INJURY WHILST PARTICIPATING IN ANY AOCRA EVENT OR SANCTIONED EVENT OR WHILE TRAINING, YOU **MUST** COMPLETE FORM **F118** (available on the website and/or from your club secretary) AND FORWARD IT TO YOUR CLUB SECRETARY TO FORWARD TO AOCRA.
THE FORM MUST BE RECEIVED WITHIN 7 DAYS OF THE ACCIDENT OR INJURY OCCURRING.

ANTI-DOPING DRUG POLICY

see Website: www.aocra.com.au

- 7 GO TO THE AUSTRALIAN SPORTS DRUG AGENCY (ASDA) LINK VIA THE AOCRA WEBSITE.
- 8 ASK YOUR CLUB FOR INFORMATION ON DRUGS IN SPORT.
- 9 AOCRA HAS AN ANTI DOPING POLICY AND BY BECOMING A MEMBER, YOU AGREE TO BEING RANDOMLY DRUG TESTED AT ANY TIME WHETHER IN OR OUT OF COMPETITION.
- 10 IF YOU TAKE PRESCRIPTION DRUGS (INCLUDING ASTHMA DRUGS) YOU WILL BE REQUIRED TO PROVIDE A MEDICAL DECLARATION FROM TIME TO TIME. PLEASE LEARN WHICH DRUGS ARE ON THE LIST OF BANNED SUBSTANCES.
- 11 YOU SHOULD ASK ABOUT AOCRA'S PREGNANCY IN SPORT POLICY AND READ AOCRA'S RISK MANAGEMENT POLICIES.

OTHER INFORMATION

see Website: www.aocra.com.au

- 12 THERE IS NOW A LARGE AMOUNT OF OUTRIGGER INFORMATION AVAILABLE WORLD-WIDE. IN ADDITION TO THE AOCRA WEBSITE, IT IS LIKELY YOUR CLUB HAS ITS OWN SITE AND / OR IS LINKED TO VARIOUS ZONE AND WORLD SITES.
- 13 YOUR CLUB IS REGULARLY UPDATED WITH NEWS AND INFORMATION. ASK TO READ YOUR CLUB'S MINUTES. MOST CLUBS NOW COMMUNICATE TO MEMBERS via eMAIL. STAY IN TOUCH, IT IS STRONGLY RECOMMENDED YOU USE eMAIL.
- 14 COPIES OF NATIONAL, ZONE AND CLUB MEETING MINUTES ARE AVAILABLE. JUST ASK YOUR CLUB SECRETARY.
- 15 THE AOCRA WEBSITE ALSO CONTAINS COPIES OF AOCRA'S INDEMNITY AGREEMENTS, CONSTITUTION, RULES, REGULATIONS AND DIRECTIONS. IT IS RECOMMENDED YOU READ THESE DOCUMENTS. IF YOU HAVE NOT GOT ACCESS TO THE INTERNET, SPEAK TO YOUR CLUB ABOUT OBTAINING A PRINTED COPY.
- 16 CONTACT WITH YOUR CLUB, ZONE OR NATIONAL REPRESENTATIVE CAN BE MADE THROUGH THE ORGANISATION SECRETARY. CONTACT INFORMATION IS AVAILABLE ON THE AOCRA WEBSITE.

YOUR AGREEMENT

I HAVE READ AND UNDERSTAND THE INFORMATION SUPPLIED. I UNCONDITIONALLY ACCEPT THESE TERMS.

NAME	SIGNATURE	DATE
PLEASE PRINT		dd / mm / yyyy
PRIMARY CARE GIVER (if Paddler 18 or Under)	SIGNATURE	DATE
PLEASE PRINT		dd / mm / yyyy