Bayside Outrigger Canoe Club							
MEMBERSHIP APPLICATION – ONE FORM PER PADDLER							
Name:				DOB:			
Address:				Postcode:			
Suburb:	State:		AOCRA #:				
Email:							
Mobile:	Home:						
OTHER INFORMATION							
Next of Kin:			Relationship:				
Address:			Phon	Phone:			
Are you a Competent Swimmer? Note: To meet AOCRA safety requirements the club is required to						Yes/No	
ensure member swimming competency, through certification or competency.						163/110	
Do you suffer any Medical Conditions we need to know about?						Yes/No	
If YES, please discuss with club registrar/head coach, please list condition & all pre-existing conditions/injures.							
Condition Treatment				Year		Year	
	1	MAN NO					
Do you agree for your details to be used for publication?						Yes/No	
Are you transferring from another club? If yes, Please complete Club Transfer by AOCRA online							
If YES, which club?							
QUALIFICATIONS							
Level 1 General Principles Coach? Yes/No		Cert No:			Year:		
Are you qualified Coach? Yes/No		Cert No:			Ye	'ear:	
First Aid Certificate? Yes/No Expiry Date:							
Blue Card Registered? Yes/No Expiry Date:							
Recreational Marine Driver Licence? Yes/No Please send copy							
MEMBERSHIP PACKAGE SELECTED							
Member Type	Fees Total Please ref			er to our Bayside Membership			
	\$			tructure for applicable fees.			
PAYMENT METHOD							
Account Name	BSB Number			Account Number			
Bayside Outrigger Canoe Club	nc 034-059		532277				
Please ensure you use your name for reference and email receipt to Treasurer							
SIGNATURE:							
Paddler Signature: Da							
(or parent/guardian for if paddler is under 18)							
Warning - Please read before signing: In signing below, I hereby acknowledge that I have read and consent to being bound by the							

Warning - Please read before signing: In signing below, 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 Injury and Legal Liability Insurance Contract. I have read and understand the AOCRA Anti-Doping Policy as published at www.aocra.com.au. I agree that all fees are non-refundable. I agree that I will assist with the running of the club by volunteering at regattas, helping with the loading, unloading and towing of the trailer, canoe rigging and de-rigging, washing of covers and general maintenance of the equipment and shed as required. I accept that any personal belongings stored in the club shed or transported on club trailers (including OC1s and OC2s) are not covered by Bayside OCC insurance policies. I accept the club's risk management assessment (including all attachments) and agree to abide by the policies. If I fail to abide by the policies therein, I indemnify Bayside Outrigger Canoe Club Inc and hold it harmless against any liability, damage, cost of expense arising out of or in connection with any failure on my part to adhere to the risk management assessment and its attachments. Copies can be obtained from the Secretary as required.

