



Scarborough Outrigger Canoe Club Inc.

Application for Membership

I hereby apply for membership of Scarborough Outrigger Canoe Club			
<input type="checkbox"/> New Membership	<input type="checkbox"/> Transfer from another club	AOCRA Number:	
Given Names:	Surname:	DOB:	M/F
Address:			
Phone:		Email:	
<u>Membership Category - All fees are non-refundable</u> <input type="checkbox"/> Adult - \$300.00 <input type="checkbox"/> Social - \$175.00 <input type="checkbox"/> Junior (up to 16 years) - \$150.00 includes a shirt, drink bottle & hat <input type="checkbox"/> Additional Junior (up to 16 years, same immediate family) – \$75.00 includes a shirt, drink bottle & hat <input type="checkbox"/> Canoe Storage - \$150.00 (subject to availability) Members are required to register individually with AOCRA, current fee is \$45.00 for Juniors and \$70.00 for Adults. This is in addition to club fees and is a compulsory requirement to retain membership. Please visit the AOCRA website to register as a member https://aocra.com.au/member-signup . Declaration I acknowledge and agree to be bound by the SOCC constitution, SOCC Code of Conduct and any by-laws and rules. I am a competent swimmer or that as I am not a competent swimmer, I will always wear a personal flotation device whilst in the canoe and on the water. I certify that all information provided is true and correct. I understand and accept that SOCC will continue to rely upon this declaration as evidence of my fitness and ability to participate. I acknowledge that the information provided by me may be distributed amongst other club members for the purposes of communication. Photographs: I acknowledge and consent to photographs being taken of me during my participation in SOCC activities. I acknowledge that SOCC may use the photographs for promotional and other purposes without my further consent being obtained. <input type="checkbox"/> I have read and understand the SOCC Code of Conduct and agree to abide as a member of the Scarborough Outrigger Canoe Club.			
<u>Emergency Contact</u>			
Given Names:	Surname:		
Address:			
Mobile:	Work:	Home:	
Email:			

Medical and Physical Declaration – Please complete below

Aim: To identify those individuals with a known medical condition, signs or symptoms of a medical condition, and who may be at a higher risk of an adverse event during physical activity/exercise.

Please Circle

1. Do you have a heart condition?	Yes/No
1a. If yes:	
Are you taking prescription medications to manage your heart condition	Yes/No
Have you ever undergone heart surgery	Yes/No
Do you have a pacemaker	Yes/No
2. Have you ever had a stroke?	Yes/No
3. Have you ever experienced unexplained pains in your chest, arms, throat or jaw at rest or during physical activity/exercise?	Yes/No
4. Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose consciousness or balance?	Yes/No
5. Do you have Asthma?	Yes/No
5a. If yes:	
Do you require prescription medication to manage your asthma?	Yes/No
Have you suffered from an asthma attack requiring immediate medical attention at any time over the last 12 months?	Yes/No
6. Do you suffer from Type I or Type II diabetes?	Yes/No
6a. If yes, do you require insulin?	Yes/No
7. Do you have a learning disability? (To ensure we are meeting your communication needs)	Yes/No
7a. If yes, please describe:	
8. Do you suffer from any major muscle, bone or joint problems that may be made worse by participating in physical activity/exercise?	Yes/No
9. Do you have any other medical condition(s) that make it dangerous for you to participate in physical activity/exercise?	Yes/No
10. Do you have any allergies or have/had adverse reactions to any drugs, food, medical dressings or anything else?	Yes/No
10a. If yes, please describe:	
11. Have you had surgery or injured yourself in the past for which you required treatment?	Yes/No
11a. If yes, please describe:	

12. Do you have any current injuries?	Yes/No
12a. If yes, please describe:	
12b. Are your injuries currently being managed, if so please describe:	Yes/No

Disclaimer:

- If you answered NO to all the above questions and you are confident that you have no other concerns with your health, then you may proceed to participate in physical activity.
- If you have answered YES to any of the questions above or are unsure, please check with your GP before commencing physical activity.

I believe to the best of my knowledge that all the information I have provided in this tool is accurate. In the case that either my medical condition changes or I become injured over the course of my training, I will inform Club First Aid and Coaches. I understand that I would then be required to complete a new Medical and Physical Declaration.

Signature:		Date:	
<p align="center">Parental/Guardian legal consent (for an applicant under the age of 18 years)</p> <p>I have read, understood, acknowledged and agreed to the declaration and application and conditions of membership and I personally consent to the declaration and application for membership of the applicant.</p>			
Given Names:		Surname:	
Signature:		Date:	

Club Use Only:

Club Coach Sighted and Signed: _____

Date: _____