

FRASER COAST OUTRIGGER CANOE CLUB INC

Club Address PO Box 1089 Hervey Bay

Surname:	MEN WOMEN Circle or colour the appropriate box below					JUNIOR BOY GIRL	
Given Name:	Open 18 - 39	Master 40-49	Senior Master 50-59	Golden Master 60 - 69	Platinum 70 +	12U	14U
Date of Birth	Men	Men	Men	Men	Men	16U	18U
	Women	Women	Women	Women	Women	19U M W	21U M W
Mailing Address:							
Email address:							
Telephone: Home:		Work:		MOB:			
Next of Kin: Name:			Relationship:				
Telephone:			Address:				
MOB:							
I am a competent Swimmer						YES / NO	
Do you suffer from any Medical problems?	Please discuss this with Club registrar or Coaching Coordinator					YES / NO	
List medical conditions and all pre existing conditions and injuries: eg asthma, heart conditions, blood pressure, diabetes etc.							
Condition:	Treatment:	Year:					
Occupation:							
Previous Clubs: (Please list)							
AOCRA: I have joined our national governing body AOCRA and have read and will abide by their rules. AOCRA No. (if known)						YES / NO	
Phone Contact: I will allow my phone number to be used on Rosters so that my fellow members can contact me:						YES / NO	
FCOCC Code of Conduct: I have read, agree to abide by, and signed our club Code of Conduct.						YES / NO	
Membership Package: I have received my Membership Package. (1 per family)						YES / NO	
Social or Full Member (Circle)	Payment Type: (circle)	Cheque	Cash	Bank Transfer	Paying in Instalments	Paid in Full	
Paddler Signature:				Parent/ Guardian Signature: (if paddler is under 18)		Date	
Club Registrar's Signature:				Exec Member's Signature:			
* This membership is subject to final approval by the executive committee.							

New Club Paddler Registration/Membership Details Form
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Email address:

Telephone: Home:

Work:

MOB:

Next of Kin: Name:

Relationship:

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I am a competent Swimmer

YES / NO

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YES / NO

Social or Full Member (Circle)

Payment Type: (circle)

Cheque

Cash

Bank Transfer

Paying in Instalments

Paid in Full

Paddler's Signature:

Parent/ Guardian Signature:(if paddler is under 18)

Date

New Paddler Nominated by:

New Paddler Seconded by:

Signature:

Signature:

Club Registrar's Signature:

Exec Member's Signature:

This membership is subject to final approval by the executive committee.

Please provide a copy of your Internet Payment receipt with this membership Form.