# Fraser Coast Outrigger Canoe Club Inc - Paddler Registration Form 2021-2022

| | | | | |
|---|---|---|---|---|
| Surname: | Given Name: | | Date of Birth: | Male ☐ Female ☐ |
| Mailing address: | Email address: | | Telephone numbers: | |
| Next of Kin: | Name: | Address: | Telephone numbers: | Relationship: |

Age Division- Please tick your division

| | | | | | |
|---|---|---|---|---|---|
| Senior: | Open: 19 – 39 yrs ☐ | Master 40 – 49yrs ☐ | Senior Master 50 - 59yrs ☐ | Golden Master 60 – 69 yrs ☐ | Platinum Master 70 yrs ☐ |
| Junior: | Minnow: ☐ | U12 ☐ | U14 ☐ | U16 ☐ | U19 ☐ |

| | |
|---|---|
| Do you suffer from any medical conditions? ☐ ☐ | Medications and pre-existing injuries: |
| Are you a competent swimmer? ☐ ☐ | What is your goal? (eg.Social & Fun, Fitness & Health, Compete at Regattas) |
| What brings you to FCOCC? | Previous Outrigger Canoe Club/s & your reason for leaving: |
| How can you contribute to FCOCC?<br>BBQ Crew: ☐<br>BBQ Fundraisers: ☐<br>Working Bee clean up ☐<br>Water Safety ☐ | Do you have any of the following:<br>Current First Aid ☐<br>Current CPR ☐<br>Blue Card ☐<br>Boat licence ☐ |
| I agree to volunteer for fundraising activities: ☐ | I have read and signed the FCOCC Code of Conduct ☐ |
| I have joined / renewed *AOCRA* and have read and will abide by their rules ☐<br>AOCRA number: Expiry date: | |

Membership Payment: Please indicate membership type and rack & key number if applicable.

| | | | |
|---|---|---|---|
| Junior Minnow ($45.00) ☐ | Junior ($90.00) ☐ | Social ($120.00) ☐ | Senior ($225.00) ☐ |
| Rack Hire ($75.00) ☐ | Rack Number: | Key Number: | |
| Bank Transfer details will be provided on your invoice. | Paying by instalments: (See Treasurer) ☐ NO ☐ Yes, I have advised Treasurer / Secretary | | |
| Paddler signature:<br>Date: | Parent / Guardian signature (if under 18): | | |

Please return this form with your completed Code of Conduct & Risk Assessment Acknowledgement to fcocc.secretary@gmail.com. You will then be issued with an Invoice for payment of fees.
Please Note: NO refunds of membership fees will be given.

| | | |
|---|---|---|
| MANAGEMENT USE ONLY | INVOICE # : | DATE PAID: |
| AMOUNT RECEIVED: $ | PAID IN FULL: YES / NO | DATE ACCEPTED: |