



APPLICATION FOR MEMBERSHIP 2023/24

Bairnsdale Rowing Club Inc.

ABN:18 926 572 336

PO Box 823, Bairnsdale Vic 3875

Expires June 30, 2024

All information remains confidential and is used for Administration/Registration purposes only

Type of Membership: Renewal ☐ New ☐

NOTE: New members must supply a copy of identification (driver's license, passport, student ID or birth certificate)

Family **\$385** ☐ Senior **\$275** ☐ Junior (under 18 years of age) **\$170** ☐ LTR **\$80** ☐
Cox **\$40** ☐ Volunteer No fee ☐

Applicants Details:

Title: _____ First Name _____ Surname: _____

Date of Birth: ____/____/____ Gender: Male/Female/Non-binary

If Junior (<18 years of age) School: _____

School Year: _____

Contact Details Applicant (Adult M'ship) / Parent / Guardian 1 (for invoicing purposes)

Title: _____ First Name: _____ Surname: _____

Address:

Town: _____ State: _____ Postcode : _____

Email: _____

Phone

Mobile: _____ Home: _____ Work: _____

Contact Details Parent / Guardian 2 (Optional)

Title: _____ First Name: _____ Surname: _____

Address:

Town: _____ State: _____ Postcode : _____

Email: _____

Phone Mobile: _____ Home: _____ Work: _____

Contact Details – Junior (optional)

Email: _____ Mobile: _____

Parent / Guardian of Junior Member Details

Title: _____ First Name: _____ Surname: _____

Email: _____

Mobile Phone: _____ Home: _____ Work: _____

I / We _____ being the parent or guardian of the person named above (hereinafter called 'the participant') HEREBY ACKNOWLEDGE:

- a. I/we consent to the participation in Bairnsdale Rowing Club Inc activities of the participant;
- b. I/we will make ourselves aware of the risks, dangers and obligations set out in Rowing Victoria's Membership.
- c. I/we acknowledge that the participant is bound by and subject to the rules and policies of Rowing Australia and Rowing Victoria, including, without limitation, the Rowing Australia anti-doping policy and Rowing Victoria Code of Conduct;
- d. I/we acknowledge that it is the responsibility of parents/guardians to organise uniforms and also transport the participant to and from events;
- e. I/we acknowledge that parents/guardians are responsible for the supervision and care of the participant at all times.
- f. I/we acknowledge that the Bairnsdale Rowing Club Inc is a Sun Smart club and that parents are responsible for ensuring the participant is dressed in appropriate Sun Smart attire including sunscreen.

Waiver,

I understand and acknowledge that rowing is an activity that may cause injury. I will participate in all Bairnsdale Rowing Club Inc. activities or external regattas and events at my own risk. I hereby release, exempt and indemnify the Bairnsdale Rowing Club Inc., its management committee, its sponsors and agents in respect of all liability whatsoever and however caused whether by negligence or otherwise which may arise in connection with my participation in activities or external regattas and events and agree that any conditions implied by the Fair Trading Act 1999 are excluded.

- I, we the undersigned state that I/ we will accept the terms and conditions of Rowing Victoria Membership Declaration and Participation Agreement which will be emailed to me (Including the warning, Indemnity and Release)
- I hereby apply for membership with the Bairnsdale Rowing Club Inc. for 2023/24 season and agree to be bound by the rules, policies and procedures of the Bairnsdale Rowing Club Inc. for the time being in force.
- I give the Bairnsdale Rowing Club Inc permission to ring an ambulance on my behalf in the case of an emergency.
- I give the Bairnsdale Rowing Club Inc permission to take photographs or video images for coaching or promotional purposes.

Signature of Applicant: _____ Date: ____/____/____

Signature of Parent/Guardian: _____ Date: ____/____/____

I confirm that on behalf of the Junior Member I have read and understood the waivers and warnings listed in this Application for Membership and will read and accept Rowing Victoria's terms and conditions (RV link is emailed to members after club acceptance of fees.)

Bairnsdale Rowing Club

Inc Emergency Contact

Details

Applicant Details:

Title: _____ First Name: _____ Surname: _____ Date of Birth: _____
_____/____/____ Gender: Male/Female/Non-binary

Emergency Contact Details 1

Name: _____

Phone Mobile: _____ Home: _____ Work: _____

Emergency Contact Details 2

Name: _____

Phone Mobile: _____ Home: _____ Work: _____

Emergency and Confidential Information Injury /Illness:-

Can you swim 50m unaided and tread water for 3 minutes? Yes ☐ No ☐

Do you have any medical conditions that might affect you while at the Club/rowing? Yes ☐ No ☐ If yes, what is your medical condition and what do we need to know if you have a problem while at the Club/rowing? _____

☐ I give the Bairnsdale Rowing Club Inc permission to ring an ambulance on my behalf in the case of an emergency.

Signature of Applicant: _____ Date: ____/____/____

Signature of Parent/Guardian: _____ Date: ____/____/____

