

PATTERSON LAKES CANOE CLUB Inc.

PO Box 638 Patterson Lakes 3197 VIC.

Email: enquiry@pattersonlakescanoeclub.org.au

Web: www.pattersonlakescanoeclub.org.au



The Patterson Lakes Canoe Club through it's instructing members agrees to supply the applicant with Four (4) paddling sessions and relevant equipment for the sessions for the donation of - \$80.00 (Adults) \$40.00 (Juniors).

If you are using your own craft and paddles - \$50.00 (Adults) \$30.00 (Juniors).

Provisos being:

That the applicant abides by all decisions of the Club's Coaching and Instructing Persons.

The applicant must present himself or herself in a sober manner.

The applicant must wear a fitted PDF for all on water sessions.

This form and the attached Indemnity Form must be signed and the donation paid prior to the commencement of the first session.

Please wear appropriate clothing for the occasion - No cotton please - thermal wear or wool garments recommended.

Leave all valuables in your vehicle - no valuables are to be left in the clubhouse.

If wearing glasses, it is suggested that they be tied behind the head.

Water activities can be called off at any moment due to weather etc., if this is the case, another session and date will be offered.

Wearing of booties or thongs to the water is recommended.

Bring warm dry clothing for after sessions wear.

OUTING #1	Date:
OUTING #2	Date:
OUTING #3	Date:
OUTING #4	Date:
Signed on Behalf of Patterson Lakes Canoe Club:	
Signed on Behalf of Applicant:	

At the end of these 4 sessions you may be invited to participate in a more advanced group of sessions or be invited to join as a member of PLCC.

Name of Applicant:	
Address:	
Phone:	Email:

PLCC Banking Details for Payments : BSB 083457 A/c 526197362 NAB

Each Paddler / Student must complete this form
Australian Canoeing / Canoeing Victoria - EVENT ENTRY APPLICATION and DECLARATION
For juniors U18 this form should be completed and signed by parent or guardian prior to the event

I.....[insert name]
of(insert address)
hereby apply for entry to Canoeing Victoria event

.....(insert event name, place,date)
In so applying and in consideration of my application for entry to the Event being accepted I **acknowledge and agree** that:

1. **“AC”** for the purposes of this application and declaration means and includes Australian Canoeing Incorporated, its members (including State Associations and Affiliated Clubs) and their respective directors, officers, members, servants or agents.
2. **If accepted I will be permitted** to participate in the Event subject to my complying with the terms and conditions of the Event, this declaration and any reasonable direction issued by the Event organisers or their representatives.
3. **This document cannot be amended.** If I do amend it my application will be null and void. It cannot be accepted by AC.
4. **Insurance** is in place that provides limited cover to me whilst I am participating in the Event.
(For insurance details contact www.ieasport.com.au.)
I understand that this insurance may not cover me for all injury, loss or damage sustained by me and I can, in my own interests, seek and obtain personal insurances over and above the cover provided by AC.
5. **The Event rules and this declaration** comprise a contract between me and AC. It is necessary and reasonable for promoting and conducting the Event.
6. **Warning:** Participation in the Event can be inherently dangerous. Risks including but not only [insert risks ie. overexertion, equipment failure, dehydration, serious accidents, and weather conditions] can and often do happen which may result in me being personally injured or my property being damaged. I have voluntarily read and understood this warning and accept and assume the inherent risks in the Event.
7. **Exclusion of Liability:** Except where provided or required by law and such cannot be excluded, I agree that it is a condition of my entry to the Event (if accepted) that AC is absolved from all liability however arising from injury or damage however caused (whether fatal or otherwise) arising out of my participation in the Event.
8. **Release and Indemnity:** In consideration of AC accepting my application for entry to the Event I:
 - (a) release and forever discharge AC from all Claims that I may have or may have had but for this release arising from or in connection with my participation in the Event; and
 - (b) indemnify and hold harmless AC to the extent permitted by law in respect of any Claim by any person including but not only another participant in the Event arising as a result of or in connection with my participation in the Event.

In this **clause 8 “Claims”** means and includes any action, suit, proceeding, claim, demand, damage, penalty, cost or expense however arising but does not include a claim in respect of any action, suit, etc made by any person entitled to make a claim under a relevant Event insurance policy.
9. **Fitness to Participate:** I declare that I am and must continue to be medically and physically fit and able to participate in the Event. I am not and must not be a danger to myself or to the health and safety of others. I will immediately notify AC in writing of any change to my fitness and ability to participate. I understand and accept that AC will continue to rely upon this declaration as evidence of my fitness and ability to participate.
10. **Privacy:** I understand that the information I have provided is necessary for the conduct of the Event and for the Objects of AC. I acknowledge and agree that the information will only be used by AC to facilitate the conduct of the Event and other events conducted by AC. I understand that I will be able to access my information through AC. If the information is not provided my entry application may be rejected.

I acknowledge that AC may also use my personal information in accordance with the AC Privacy By-law. I may advise AC if I do not wish to receive from AC any AC sponsors or third parties' promotional material.
11. **Copyright and right to use image:** I acknowledge and consent to photographs being taken of me during my participation in the Event. I acknowledge that the photographs are owned by AC and that AC may use the photographs for promotional or other purposes without my further consent being obtained. Further, I consent to the Event organisers using my name, image, likeness and also my performance in the Event, at any time, to promote the Event by any form of media.
12. **Consent to medical treatment:** I consent to receiving any medical treatment that the Event organisers or their authorised representatives consider necessary or desirable during or after the Event.
13. **Prevailing conditions:** The Event and the conduct of, and participation in the Event will be effected by weather and associated conditions. Given there is often an element of the “luck of the prevailing conditions” in entering and competing in the Event I acknowledge and agree the Event organisers cannot control the weather and associated conditions.

I have read, understood, acknowledge and agree to the above declaration including the warning, exclusion of liability, release and indemnity. I acknowledge that if my application to enter the Event is successful I will be entitled to participate in the Event.

Signed: Date:

Name:

Where the applicant is under 18 years of age this form must also be signed by the applicant's parent or legal guardian.

I,..... am **the parent or guardian** of the applicant. I expressly agree to be responsible for the applicant's behaviour and agree to personally accept the conditions set out in this Event application and declaration including the provision by me of a release and indemnity in the terms set out above. I consent to the applicant's entry to, and if accepted, participation in the Event.

Parent's signature: Date:

Patterson Lakes Canoe Club Events - MEDICAL INFORMATION FORM

NAME: Surname: Given / Preferred Name:

HOME ADDRESS:

Suburb/Town: State: Postcode:

CONTACT: Telephone: Home or Business (please circle) Mobile:

PERSONAL: Date of Birth:/...../..... Age at Race Gender: Male Female

Medicare Number:

Private Health Insurance: Private Health Ins Number:

Ancillary Benefits Cover: YES / NO (please circle) Ambulance Ins Number:

EMERGENCY USE: Details of a person who can be contacted during the Patterson Lakes Canoe Club Events.

NAME: Relationship:

ADDRESS:

Suburb: Postcode:

Contact Phone: Mobile:

MEDICAL CONTACTS:

Name and address of family doctor or clinic: Phone:

Name and address of any relevant specialist: Phone:

HEALTH STATEMENT		
Each paddler shall disclose any chronic or recurrent ailment, allergy or physical incapacity suffered for the purpose of medical support staff preparedness.		
A Does the paddler suffer from any physical or other disabilities?	YES / NO	If YES, please specify:
B Does the paddler suffer from: Asthma? Severe / Mild Diabetes? Type 1 / Type 2 Seizures or Convulsion? Severe / Mild Dizzy spells or Blackouts? Heart Disease? High Blood Pressure?	YES / NO YES / NO YES / NO YES / NO YES / NO YES / NO	Explanation / Medication:
C Does the paddler have any known allergies? i.e. Penicillin, bee stings, insects, hay fever, food (including nuts), drug , other environment related allergy.	YES / NO	If YES, please specify:
D Does the paddler carry with them any medications while paddling? i.e. injection/tablet/capsule, Insulin, Ventolin, other Drugs.	YES / NO	Name of Drug: Dosage: Reason or Cause: How Often Administered: Administered by Whom:
E Is there any further information you may consider necessary, about which we have not asked above and of which we should be aware? (include hospital admissions and operations)	YES / NO	If YES, please specify:
F Details of last Anti-Tetanus Injection?		Year of Last Booster injection:

I hereby **Authorise** the Patterson Lakes Canoe Club Members, in circumstances where it is not possible or it is impracticable to communicate with me, to seek for me or the person named on this form, such Surgical, Medical or Dental treatment as a qualified Surgeon, Medical or Dental Practitioner may consider to be necessary (including the transfusion of blood) and I hereby **Consent** to such treatment.

Signed: (to be signed by Parent or Guardian for paddlers under 18 years of age) **Date:**

Please complete a separate medical declaration form for each paddler entered (photocopy extra forms as required). Fold into thirds and seal with tape or a staple. Send it to us with your application form. No paddler is entitled to start in the named events without having first submitted this form completed. This important information that shall be treated as CONFIDENTIAL.
All medical information will be destroyed after the events.