

## Dragon Boat Queensland Inc. Individual Application and Declaration for 2022 – 2023

北舟昆士兰州																
	☐ Adult	– New		] Adult – Re	turning – ID	•••••			Junior	- New		Ju	unior – Re	turning	– ID	
, ,		•		e abovementi owledge and	oned club and D agree that: -	ragon Boat Que	ensland (DB)	Q).	In so ap <sub>l</sub>	plying, a	nd in c	onsi	deration o	f my appl	ication for	
1.	and where	DBQ for the purpose of this membership application and declaration means and includes DBQ Board members, its' members (including affiliated clubs and where the context permits, their respective directors, officers, members, servants or agents.										clubs),				
2. 3.	If accepted, I will be a member of the affiliated club named on this form and the State Association DBQ Insurance is in place that provides limited cover to me whilst I am performing or participating in any authorised or recognised DBQ activity (refer www.dbg.com.au).															
4.	The DBQ R	e DBQ Rules is a contract between myself and DBQ. I will be bound by it and any By-laws made under it. I acknowledge and agree to comply with the les and AusDBF Code of Conduct if my application is accepted.														
5.	voluntarily	Varning: Dragon boating can be inherently dangerous. Serious accidents can happen which may result in me being injured or even killed. I have pluntarily read and understood this warning and accept and assume the inherent risks involved with dragon boating.														
6.	100m and	ity to swim: It is strongly recommended that all participants in dragon boating can swim at least 100m. I will advise my club coach if I cannot swim and I acknowledge that I MUST wear a PFD (personal floatation device) at all times (while on the water).														
7.	accepted), membersh	ision of Liability: Except where provided or required by law and such cannot be excluded, I agree that it is a condition of my membership (if oted), that DBQ is absolved from all liability however arising from injury or damage however caused (whether fatal or otherwise) arising out of my bership and/or participation in a DBQ activity.														
8.	a.	, , ,									with my					
membership and/ or participation in any DBQ activity, and b. Indemnify and hold harmless DBQ to the extent permitted by law in respect t of DBQ arising as a result of or in connection with my membership and / or pa																
	does	In this Clause 8, "claims" means and includes any action, suit, proceedings, claim, demand, damage, penalty cost or expense however arising but does not include a claim in respect of any action, suit made by any person entitled to make a claim under ether relevant DBQ insurance policy or under the DBQ Rules (Constitution) or By-laws.									-					
9.	Fitness to Participate: I declare that I am and must continue to be medically and physically fit and able to participate in any Dragon boating activity. I are not and must not be a danger to myself or to the health and safety of others. I will immediately notify DBQ in writing (through my affiliated club) of any change to my fitness and ability to participate. I understand and accept that DBQ will continue to rely upon this declaration as evidence of my fitness are ability to participate.									of any						
	I have read and understood the attached Medical Disclosure Form and understand the level of training may involve strenuous levels of physical activities also declare that I have disclosed through this Medical Disclosure Form all previous or current injuries, disabilities or related medical conditions that restrict my ability to train or which physical training or exercise or exertion may exacerbate.									-						
10.	<b>Privacy</b> : I understand that the information I have provided to be entered on the membership database is necessary for the Objectives of DBQ. I acknowledge and agree that the information will be disclosed by my affiliated club, to the State association and the National association as required, and will only be used for the Objects of DBQ and to provide me with membership services. I understand that I will be able to access my information through my affiliated club and/or State association. If the information is not provided my membership application may be rejected. I acknowledge that DBQ may also use my personal information in accordance with privacy laws.															
11.	Copyright in photographs and right to use: I acknowledge and consent to photographs being taken of me during my participation in DBQ activities. I acknowledge that DBQ owns the photographs and that DBQ may use the photographs for promotional or other purposes without my further consent being obtained.															
Full Name of Applicant:									Date of Birth:							
Addres	SS:								Mobile Phone number:							
Next of K		Name:				Contact No:				Relationship:						
(supply t	woj.	Name:						Conta	act No:			Relations	hip:			
have upda	ated my pers	sonal infor	rmat		to the above de Q membership o pership.		-	_			-			-		
Signed			••••							Date:						
I, am the	parent/guard	dian of the	e app	plicant. I expr	is form must also essly agree to be uding the provis	responsible for	r the applica	nt's	behavio	ur and a	gree to	o per		cept the c	conditions se	et out in
Parent/G	uardian Sign	ature				Na	ame					•••••		Date .	AO 4/2	

## DRAGON BOAT QUEENSLAND INC. MEDICAL DISCLOSURE FORM

By ticking the corresponding box(es) you are indicating that you have in the past, or are presently suffering an injury, disability or medical condition that may restrict your ability to train or to which physical training, exercise or exertion may exacerbate.

## PLEASE CIRCLE PROBLEM AREAS

Head, Neck or Back		Heart Complaints					
Knee or Ankle		High Blood Pressure					
Feet or Toes		Heart or Lungs					
Shoulder, Elbow or Wrist		Diabetes					
Hands or Fingers		Asthma					
Sight or Hearing		Psychological Traumas					
Epilepsy		Nervous Conditions					
Other: (please indicate)							



Are you being treated by a doctor at present?		Do you have any problems completing any of the following tasks?						
Are you taking any medication at present? (please list)		Kneeling or Squatting						
		Getting up from the ground						
		Bending or twisting of the torso						
		Additional comments relating to any of the information contained in this Medical Disclosure section.						
Do you have any allergies or adverse reaction to drugs or medical dressings or anything else? (please list)								

## **Privacy Act**

Dragon Boat Queensland is bound by Information Standards No. 42A. By completing the medical disclosure section on this form, you consent to us collecting that information. The medical information that you disclose is collected by Dragon Boat Queensland for use by your club's coaches & trainers to identify whether measures should be taken to reasonably and safely accommodate you during training. If you fail to answer any of the questions or provide full and frank disclosure the club coaches and trainers will not be able to assess whether any modification to training sessions is necessary to ensure safe practice. All information collected in this document will be held in the strictest of confidence and will NOT be disclosed to the General Membership or any third parties.