

## RED DRAGONS REDCLIFFE INDIVIDUAL APPLICATION AND DECLARATION FOR 2020-2021



					b as named above. / have re tion and / have signed that	
Membership	Type:  Male	Female				
√ .	••	Premier (<40 yrs)	□ Senior A (>40 yrs)	□ Senior B (>50 yrs)	□ Senior C (>60 yrs)	
Personal Det	ails					
Title:	First Name:		Surname:		D o B :	
Contact Num	bers					
Home:	Wo	rk:	Mobile:	Emai	l:	
Address Deta	ails					
Address:			Suburb:			
State:		Postco	de:	_		
Qualification	s X or √					
QDBF Accred	ited Sweep 🗖 Aus D	BF Accredited Coach	Aus DBF Accredited	Official 🗖 (Level) S	peed Boat license 🗖	
First Aid Certi	ficate 🛛 (expiry date	ə)	Blue Card 🛛 (Numb	er Expiry	/ date)	
Medical Deta	ils					
If you suffer,	or have suffered, fron	n any disease or physi	cal or mental disability	(eg. epilepsy, diabetes, d	or any permanent disability to	o a limb, eye or
-					ult your medical practitioner a	-
club coach pr	ior to commencing an	y dragon boating activ	ity.			
Emergency C	Contact					
Name:		R	elationship:			
Phone: Hor	ne:	Mobile:		Work:		
Declaration:						
I have read ar	nd understood, ackno	wledged and agreed to	the declaration and ap	plication overleaf. I have	e signed that declaration and	l warrant
					by the Code of Conduct.	
Signature:				Date:		
Parent/Legal	Guardian Consent:					
I have read, u	nderstood, acknowled	dge and agree to the d	eclaration, application a	and conditions of membe	ership overleaf and I personal	ly
					grees to abide by the Code o	
Conduct.						
NAME:				-		
Signature:				Date:		