

Dragon Boat Queensland Inc. Individual Application and Declaration for 2023 – 2024

	☐ Adult	– New	☐ Adult – Returning – ID		Junior - New	☐ Junior – R	eturning – ID			
				Of [name of club]						
by app	oly for mem	bership of		ragon Boat Queensland (DBQ). In						
1.	DBQ for the purpose of this membership application and declaration means and includes DBQ Board members, its' members (including affiliated clu and where the context permits, their respective directors, officers, members, servants, or agents.									
2. 3.	Insurance	is in plac		amed on this form and the State A me whilst I am performing or		any authorised or r	ecognised DBQ activity (re			
4.		ules is a c	contract between myself and DBC ode of Conduct if my application	Q. I will be bound by it and any By	r-laws made unde	er it. I acknowledge	and agree to comply with			
5.	Warning: [ragon bo	ating can be inherently dangerous	s. Serious accidents can happen w sume the inherent risks involved v	=		r even killed. I have volunt			
6.	Ability to s	wim: It is	strongly recommended that all	participants in dragon boating ca ersonal floatation device) at all tim	n swim at least 1	100m. I will advise n	ny club coach if I cannot s			
7.	that DBQ is	absolved		ired by law and such cannot be exc from injury or damage however	. •					
8.	Release and Indemnity: In consideration of DBQ accepting my application for membership, I: a. release and forever discharge DBQ from all Claims that I may have or may have had but for this release arising from or in connection with membership and/ or participation in any DBQ activity, and									
	b. Indemnify and hold harmless DBQ to the extent permitted by law in respect to any claim by any person including but not only another members of DBQ arising as a result of or in connection with my membership and / or participation in any DBQ activity.									
	does	not inclu		nny action, suit, proceedings, clain on, suit made by any person entit			-			
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 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 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 ability to participate.									
	also declar	e that I ha	ave disclosed through this Medica	closure Form and understand the al Disclosure Form all previous or or exercise or exertion may exace	current injuries,	•				
10.	Privacy : I understand that the information I have provided to be entered on the membership database is necessary for the Objectives of DBC acknowledge and agree that the information will be disclosed by my affiliated club, to the State association and the National association as required, 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 thro my affiliated club and/or State association. If the information is not provided my membership application may be rejected. I acknowledge that DBQ is 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 activiti acknowledge that DBQ owns the photographs and that DBQ may use the photographs for promotional or other purposes without my further conbeing obtained.									
ull Name of pplicant:						Date of	Birth:			
mail:						Mobile F	Phone number:			
ddress	S:					l				
nergeno xt of K		Name:			Contact No:	Relation	ship:			
		Name:			Contact No:	Relation	ship:			
ed m	ny personal	informati		claration including the warning, e base. I acknowledge that if my ap						
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AO 4/2022



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.