



kawaihae

Outrigger Canoe Club Ballina
PADDLER REGISTRATION

Member contact information			
Name		Date of Birth	Gender (m/f)
Postal Address		State	Postcode
Home Phone	Work Phone	Mobile	Email

In case of emergency		
Next of kin name:	Relationship	Telephone

Personal information		
Are you a competent swimmer?	Y / N	
Do you have a current first aid certificate? If Yes, please note expiry date.	Y / N	
Do you suffer any medical conditions? If Yes, please add details on the back of this form.	Y / N	
What is your occupation?		

Ability self-assessment (tick as applicable)							
	Weak	OK	Strong		Weak	OK	Strong
General fitness				Canoeing safety			
Paddling fitness				Injury avoidance			
Paddling technique				Equipment knowledge			

Interest area (tick as applicable)							
	Low	Med	High		Low	Med	High
Open water racing				Marathons			
Steering				Sprints			
Competition skills				Changeover races			
Rigging/ Derigging				Other (please specify)			

I hereby acknowledge that the above information is correct to the best of my knowledge.
 I will participate to the best of my ability in all club activities.

Paddler Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
 (if paddler under 18)

Payment Methods			
Cash or cheque payable to Kawaihae Outrigger Canoe Club Inc.			
Internet Transfer	Account Name	BSB	Account no.
	Kawaihae Outrigger Canoe Club	802-222	60762
	Please provide a copy of internet payment receipt (if applicable).		