

# Adelaide Survivors Abreast Inc

## MEMBERSHIP FORM

2022/23

Adelaide Survivors Abreast  
DRAGON BOAT RACING

PO Box 3395, Port Adelaide SA 5015  
Phone: 0432 068 180  
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[asateam@picknowl.com.au](mailto:asateam@picknowl.com.au)



### PERSONAL DETAILS

FName: Lname  Date of Birth:

Street Address / Suburb / Post Code:

Are you a: SURVIVOR or SUPPORTER (all welcome) How. Did you hear about us

Can you swim 100m without a personal floatation device: YES- / NO

It is a legal requirement to wear a PFD in the winter months. ASA will supply unless you have your own.

### CONTACT DETAILS

Home:  Work:

Mobile:  Email:

### EMERGENCY CONTACT DETAILS

Name:  Relationship:

Home/Work:  Mobile:

**Please list any pre-existing medical conditions:**

### MEDICATIONS

Are you on any medication(s) that you may need in an emergency? YES / NO

Type:

Do you carry that medication with you? YES / NO

Do you consent to any club photos including you being used for promotional purposes? Y / N

Do you consent to your details being released to the committee for club administration purposes? Y / N

Do you consent to your contact details being released to other club members for social purposes? Y / N

### REGISTRATION includes participation in all regattas

#### FULL MEMBER FEE

MEMBER FEE - training only (+ payment of \$12.00 per regatta if decide to race)

**DISCLAIMER: I agree to abide by the Constitution of Adelaide Survivors Abreast Inc Dragon Boat Club.**

**I will not hold the Club or any of its members personal injury or loss of property suffered by me at Club**

**activities whether or not the same be due to the Club, its servants or agents.**

SIGNED:  DATED:

**DBSA Information:** Do you have a first aid certificate Y / N  Expiry date

Do you have a police clearance Y / N  Expiry date

**DBSA registration fee will be advised at time of enquiry** Certificate No

SIGNED:  DATED:

ASA OFFICE USE ONLY DATE:  RECEIPT NO: