



2019 Paddle SA Paddle Challenge Entry Form Pack

INSTRUCTIONS FOR TEAMS

Welcome to the 2018 Paddle SA Team Paddle Challenge. This pack provides details and includes all the forms that you will need to complete to enter a team in the Team Paddle Challenge. All forms for your team must be returned to Paddle SA together. If your school or community group is entering more than one team it is okay to send all team forms in the one envelope.

Event entry is divided into three sections (See below). All forms must be completely filled out and returned to Paddle SA for a team to be officially registered for the event.

Team Entry Form – 1 per team (1 page)

Paddle South Australia Inc. - School Event Membership Form – 1 for each member of the team including team leader (2 pages)

Medical Information (confidential) - 1 per team member including team leader (1 page)

Important: Each paddler (including adult supervisor) must complete a separate Paddle South Australia Inc. - School Membership Form and Confidential Medical Record.

ENTRY CHECKLIST

- Before submitting your entry, please check that:
- Each team member, including the team leader has completed a Paddle SA membership (2 pages) and Medical Information Form.
- All forms are completed with parent/guardian signatures in all required places.
- The entry fee is included. Where an invoice is required prior to payment please contact the Paddle SA office via email (sa@canoe.org.au) to arrange.
- Please complete, scan and email completed entry forms to: sa@canoe.org.au. Paddle SA only accepts payment by EFT: BSB: 805 005 A/e No: 5159434, Ref. TPC 17 {{team name}}

Entries close on: 21 October 2019

Important: Entries will not be processed until the entry fee has been received

Thankyou. We hope you enjoy the Challenge.

TEAM ENTRY FORM

PAYMENT SUMMARY

- No. of Paddlers x \$65
- Persons camping Friday night @ \$10 ppn Non-paddlers camping Sat night @ \$10 ppn
- Late Fee (\$5.00/paddler for registrations received after 21 October 2019)

Please Note: Payment must accompany entry. Paddle SA Refund Policy applies. Please contact Paddle SA where an invoice is required prior to sending your payment. If your team requires hire canoes/kayaks for the event, please contact us to discuss options.

REGISTRATION/ENTRIES CLOSE: 21 October 2019

REGISTRATION/ENTRIES CLOSE: 21 October 2019	
Name of School/Group	
Category entered	
Team Name	
Name of Team Leader/ Co-Ordinator	
Contact phone number/s	
Contact email	
Team Member 1	
Team Member 2	
Team Member 3	
Team Member 4	
Team Member 5	
Team Member 6	
Team Member 7	
Team Member 8	
Adult Supervisor	

Canoe South Australia Inc School Event Membership

THIS IS AN IMPORTANT DOCUMENT AFFECTING YOUR RIGHTS. YOU SHOULD READ IT VERY CAREFULLY AND SIGN IT ONLY AFTER YOU ARE SATISFIED THAT YOU UNDERSTAND AND ACCEPT ALL TERMS AND CONDITIONS
 PADDLE AUSTRALIA INCORPORATED MEMBERSHIP DECLARATION

I,..... Insert name]

.....Insert address] hereby apply for membership of PA and the state Association of the State I Territory in which I reside. In consideration of my application for membership being accepted I **acknowledge and agree** that:

1. In this membership declaration: "PA" means the Paddle Australia Incorporated; "Claim" means and includes any action, suit, proceeding, claim, demand, damage, cost or expense however arising including but not limited to negligence but does not include a claim against a Paddling Organisation under any right expressly conferred by its constitution or regulation; "PA Activities" means performing or participating in any capacity in any authorized or recognized paddling organisation activity; "Paddling Organisation" means and includes PA, the State Associations, affiliated canoeing clubs and where the context so permits, their respective directors, officers, members, servants or agents; and "State Association" has the same meaning as in the PA constitution and where the context so permits, the State Association in which you apply to become a member.
2. **If my application for membership is accepted I will be a member** of PA and the State Association. I acknowledge my membership will be deemed to be accepted upon my participation in PA Activities and I acknowledge that I will be bound by and agree to comply with the constitutions, regulations and policies of the canoeing Organisations of which I become a member.
3. **Warning:** Canoeing Activities can be inherently dangerous. I acknowledge that I am exposed to certain risks during PA Activities including but not limited to:
 - I may be physically or mentally injured, impaired, maimed or killed;
 - other participants may act dangerously or with lack of skill;
 - conditions may be hazardous and may vary without warning or predictability;
 - organisers, officials, watercourse owners/operators and any agents or representatives of any of them, in charge of an event may be obliged to make decisions under pressure of time and/or events;
 - any policy of insurance of or in respect of my life or physical or mental health may be avoided;
 - there may be no or no adequate facilities for treatment or transport of me if I suffer injury;
 - my property may be damaged, lost or destroyed.

I acknowledge that accidents can and often do happen which may result in me being Injured or even killed, or my property being damaged. I have voluntarily read and understood this warning and accept and assume the inherent risks in participating In the PA Activities.
4. **Exclusion of Implied Terms:** I acknowledge that where I am a consumer of recreational services, as defined by any relevant law, certain terms and rights usually implied into a contract for the supply of goods or services may be excluded. I acknowledge that these implied terms and rights and any liability of the Paddling Organisations (or any of them) flowing from them, are expressly excluded to the extent possible by law, by this membership declaration. To the extent of any liability arising, the liability of the Paddling Organisation will, at the discretion of the relevant Paddling Organisation, be limited to the resupply of the services or payment of the cost of having the services supplied again.
5. **Release and Indemnity:** In consideration of PA accepting my application for membership I, to the extent permitted by law:
 - a) release and will release the Paddling Organisations from all Claims that I may have or may have had but for this release arising from or in connection with my membership and/or participation in any PA Activities; and
 - b) indemnify and will keep indemnified the Paddling Organisations in respect of any Claim by any person arising as a result of or in connection with my membership and/or participation in any AC Activities.
6. **Fitness to Participate:** I declare that I am medically and physically fit and able to participate in any PA Activities. I will immediately notify PA in writing through my State Association of any change to my medical condition, fitness or ability to participate. I understand and accept that the

Paddling Organisations will continue to rely upon this declaration as evidence of my fitness and ability to participate.

7. **Medical Treatment:** I consent to receiving any medical treatment that a Paddling Organisation reasonably considers necessary or desirable for me during my participation in PA Activities. I also agree to reimburse the relevant Paddling Organisation for any costs or expenses Incurred In providing me with medical treatment.
8. **Right to Use Image:** I acknowledge and consent to photographs and electronic images being taken of me during my participation in any PA Activities. I acknowledge and agree that such photographs and electronic images are owned by PA or my State Association and that the Paddling Organisations may use the photographs for promotional or other without my further consent being necessary. I consent to the Paddling Organisations using my name, image, likeness and also my performance in the PA Activities, at any time, by any form of media, to promote the PA Activities.
9. **Privacy:** I understand that the information I have provided [overleaf/above] is necessary for the objects of the Paddling Organisations. I acknowledge and agree that the information will be disclosed by my state Association to PA and will only be used for the objects of the Paddling Organisations, Paddling Organisation general business and to provide me with membership services. I understand that I will be able to access the information through my State Association. If the information is not provided my membership application may be rejected. I acknowledge that the Paddling Organisations may also use my personal information for the purposes of providing me with promotional material from Paddling Organisation sponsors or third parties. I may advise my State Association if I do not wish to receive from the Paddling Organisations, any sponsor or third party promotional material.
10. **Severance:** If any provision of this membership declaration is invalid or unenforceable in any jurisdiction, the phrase or clause is to be read down for the purpose of that jurisdiction, if possible, so as to be valid and enforceable. If the phrase or clause cannot be so read down it will be severed to the extent of the invalidity or unenforceability. Such severance does not affect the remaining provisions of this membership declaration or affect the valid or enforceability of it in any other jurisdiction.
11. **Governing Law:** This declaration is governed by and construed in accordance with the law of the State of New South Wales and the parties irrevocably submit to the jurisdiction of the courts of that State.
12. **I have provided the information required above** and I warrant that all information provided is true and correct. I acknowledge this membership declaration cannot be amended. If I do amend it my application will be null and void. It cannot be accepted by PA.

I have read, understood, acknowledge and agree to the above terms including the warning, exclusion of implied terms, release and indemnity.

Signed	
Name:.....	Date:

Where the applicant is under 18years of age this declaration must also be signed by the applicant's parent or legal guardian.

I,.....am **the parent or guardian** of the applicant. I authorise and consent to the applicant undertaking the canoeing Activities. In consideration of the applicant's membership in PA and the State Association being accepted, I expressly agree to be responsible for the applicant's behaviour and agree to accept in my capacity as parent or guardian, the terms set out in this membership declaration, including the provision by me of a release and indemnity in the terms set out above. In addition, I agree to be bound by and to comply with the PA and State Association constitutions and any regulations and policies made under them.

I,.....am the parent or guardian of the applicant. I authorise and consent to the applicant undertaking the Canoeing Activities. In consideration of the applicant's membership in AP and the State Association being accepted, I expressly agree to be responsible for the applicant's behaviour and agree to accept in my capacity as parent or guardian, the terms set out in this membership declaration, including the provision by me of a release and indemnity in the terms set out above. In addition, I agree to be bound by and to comply with the PA and State Association constitutions and any regulations and policies made under them.

Parent's signature:
(Where applicant under 18 y.o)

Parent's name:Date:.....



APPLICATION FOR MEMBERSHIP JULY 2018 - JUNE 2019

1 - Paddle South Australia Inc - Paddle SA School / Event Membership Category

2 - Personal details

I hereby apply for membership of Paddle Australia, Paddle South Australia and the Affiliated Club as named above. I have read, understood, acknowledge and agree to the declaration and application overleaf. I have signed that declaration and application.

Family name			Title (Dr, Mr, Mrs, Ms, Miss)
Given name			Other names
Address			
Suburb	State	South Australia	P/Code
Telephone			Mobile:
Email			
Male / Female	Date of Birth		

3 - Medical details

If you suffer or have suffered from any disease or physical or mental disability (e.g. epilepsy, diabetes, or any permanent disability to a limb, eye or ear) likely to affect your efficiency, it may affect your safety and the safety of the public. You should consult your medical practitioner and AC prior to commencing any canoeing activity.

Have you read this section? (Circle one) Yes No

4 - Emergency contact

Family name	Given name	
Address		
Suburb	Post Code:	
Telephone: Home	Mobile:	
Relationship:		

5 - Declaration

I have read, understood, acknowledge and agree to the declaration and application overleaf. I have signed that declaration and application. I warrant that all information provided is true and correct.

Signature _____ | Date _____

6 - Parent/Legal guardian consent

I have read, understood, acknowledge and agree to the declaration and application and conditions of membership overleaf and I personally consent to the declaration and application for membership of the applicant.

Family name _____ | Given name _____
 Signature _____ | Date _____

PADDLE SA TEAM PADDLE CHALLENGE EMERGENCY CONTACT & MEDICAL INFORMATION FORM

NAME: Surname: Given /Preferred Name:

HOME ADDRESS:
 Suburb/Town: State: Postcode:

CONTACT: Telephone: Home or Business Mobile:

PERSONAL: Date of Birth:/...../..... Age (During Event)..... Gender: Male Female

Medicare Number:

Private Health Insurance: Private Health Insurance Number:

Ancillary Benefits Cover: YES / NO Ambulance Ins Number:

EMERGENCY USE: Details of a person who can be contacted during the Paddle SA Team Paddle Challenge

NAME: Relationship:

ADDRESS:

Suburb: Postcode:

Contact Phone: Mobile:

MEDICAL CONTACTS:

Name and address of family doctor or clinic: Phone:

Name and address of any relevant specialist: Phone:

HEALTH STATEMENT		
Each participant shall disclose any known chronic or recurrent ailment, allergy or physical incapacity suffered for the purpose of medical support staff preparedness.		
A Does the participant suffer from any physical or other disabilities?	YES / NO	If YES, please specify:
B Does the participant suffer from: Asthma? Severe / Mild Diabetes? Type I / Type 2 Seizures OT Convulsion? Severe / Mild Dizzy spells or Blackouts? Heart Disease? High Blood Pressure?	YES / NO YES / NO YES / NO YES / NO YES / NO YES / NO	Explanation / Medication:
C Does the participant have any known allergies? i.e. Penicillin, bee stings, insects, hay fever, food (including nuts), drug, other environment related allergy.	YES / NO	If YES, please specify:
D Does the participant carry with them any medications while paddling? i.e. injection/tablet/capsule, Insulin, Vcitolin, other Drugs.	YES / NO	Name of Drug: Dosage: Reason OT Cause: How Often Administered: Administered by Whom:
E Is there any further Information you may consider necessary, about which we have not asked above and of which we should be aware? (include hospital admissions OT operations within last 6 months)	YES / NO	If YES, please specify:
F Details of last Anti-Tetanus Injection?		Year of Last Booster injection:

I hereby Authorise the Event Coordinator of the Paddle SA Team Paddle Challenge, in circumstance where it is not possible or it is impracticable to communicate with me, to seek for me or the person named on this form, such Surgical, Medical or Dental treatment as a qualified Surgeon, Medical or Dental Practitioner may consider to be necessary (including the transfusion of blood) and I hereby Content to such treatment.

Signed: (to be signed by Parent or Guardian for paddlers under 18 years of age) Date:

Please complete a separate medical declaration form for each participant entered (photocopy extra forms as required). Send the form to Paddle SA with all team members' forms. No participant is entitled to participate in the event without having first submitted a completed medical information form. This information is treated as CONFIDENTIAL and will only be divulged in cases of illness or injury. All medical information will be destroyed after the event.