



# La Trobe University Rowing Club Inc. Membership Application Form

All prospective members of La Trobe University Rowing Club (LURC) are required to complete this application form in full and return it to the Club Secretary. Your application will be submitted at the next LURC Committee meeting before you are granted membership.

## APPLICANT CONTACT DETAILS

First Name:	Last Name:	
Date of Birth:	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address:		
Suburb:	State:	Postcode:
Contact Number:	Occupation:	
Email:		

*Email address required as it's the Club's main method of communication with members.*

## EMERGENCY CONTACT DETAILS

First Name:	Last Name:
Contact Number:	Relationship:

## STUDENT STATUS/INFORMATION *(if applicable)*

<input type="checkbox"/> La Trobe Student	<input type="checkbox"/> Non La Trobe Student
<input type="checkbox"/> La Trobe Alumni	If La Trobe Student, Student ID: _____

## MEMBERSHIP FEE

Please select the membership type you are applying for. Membership of the Club is from 1<sup>st</sup> July of the membership year until 30<sup>th</sup> June of the following year. This period reflects the annual Victorian competitive rowing season which ordinarily concludes with the State Championships in February/March.

<input type="checkbox"/> Full Member	\$709	<input type="checkbox"/> Social Member	\$10
<input type="checkbox"/> La Trobe Student	\$574	<input type="checkbox"/> Learn to Row	\$10
<input type="checkbox"/> Other Tertiary Student	\$594	<input type="checkbox"/> Life Member/Coxswain Only	\$0
<input type="checkbox"/> Secondary Student	\$534	<input type="checkbox"/> Single Scull Storage	\$250

## MEMBERSHIP FEE PAYMENT STRUCTURE OPTIONS

To ensure members can pay their membership fee in a manner that works for them, we offer two payment options. Either a lump sum payment of the annual membership, or an initial season sign up fee and the balance paid by 12 monthly direct debits. Please select a payment option that works best for you. Note: these payment options do not apply to Social Members, Learn to Row applicants, Life Members and Coxswains.

**Option 1: One Annual Payment**

- |   |       |   |       |
|---|-------|---|-------|
| <input type="checkbox"/> Full Member      | \$709 | <input type="checkbox"/> Other Tertiary Student | \$594 |
| <input type="checkbox"/> La Trobe Student | \$574 | <input type="checkbox"/> Secondary Student      | \$534 |

**Option 2: Monthly Direct Debt**

Initial season sign up fee and balance paid by 12 monthly direct debits of \$32

- |   |                        |   |                        |
|---|------------------------|---|------------------------|
| <input type="checkbox"/> Full Member      | \$325 + \$32 per month | <input type="checkbox"/> Other Tertiary Student | \$210 + \$32 per month |
| <input type="checkbox"/> La Trobe Student | \$190 + \$32 per month | <input type="checkbox"/> Secondary Student      | \$150 + \$32 per month |

## NOMINATION FOR MEMBERSHIP

Membership applications are only accepted if the applicant has received one nomination and one seconder by current financial members of the Club.

I, \_\_\_\_\_, a member of the Club, **nominate** the applicant who is personally know to me, for membership of the Club.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, a member of the Club, **second the nomination** of the applicant who is personally know to me, for membership of the Club.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## APPLICANT AGREEMENT

I, \_\_\_\_\_ desire to become a member of La Trobe University Rowing Club Inc.

In the event of my admission as a member, I agree to be bound by the rules, codes and policies of La Trobe University Rowing Club Inc. for the time being in force. I agree to faithfully obey all rules and regulations in force at any time and be responsible for any moneys accounted to my name, up to the time my resignation has been received in writing by the Secretary of the Club.

Further, by signing this membership form and becoming a member of the Club, I agree that if any invoice remains outstanding for more than six months after it is issued, the Secretary of La Trobe Rowing Club Inc. may at their discretion remove my name from the member register.

I declare that I am capable of swimming at least 50 metres in full rowing/training apparel.

## WAIVER

I understand and acknowledge that rowing is an activity that may cause injury. I participate in all La Trobe University Rowing Club Inc. activities or external regattas and events at my own risk. I hereby release exempt and indemnify La Trobe University Rowing Club Inc., its management committee, its sponsors and agents in respect of all liability whatsoever and however causes, whether by negligence or otherwise, which may arise in connection with my participation in La Trobe University Rowing Club Inc. activities or external regattas and events and agree that any conditions implied by the Fair Trading Act 1999 are excluded. This release continues forever and binds my heirs, successors, executors, administrators, personal representatives and assigns.

## WARNING UNDER THE FAIR TRADING ACT 1999

Under the provisions of the Fair Trading Act 1999, several conditions are implied into contracts for the supply of certain goods and services. These conditions mean that the supplier named on this form is required to ensure that the recreational services it supplies to you are:

- rendered with due care and skill; and
- are fit for the purpose for which they are commonly bought as it is reasonable to expect in the circumstances; and
- reasonably fit for any particular purpose or might reasonably be expected to achieve any result you have made know to the supplier.

Under section 32N of the Fair Trading Act 1999, the supplier is entitled to ask you to agree that these conditions do not apply to you. If you sign this form, you will be agreeing that your rights to sue the supplier under the Fair Trading Act 1999, if you are killed or injured because the services were not rendered with due care and skill or they were not reasonably fit for their purpose, are excluded, restricted or modified in the way set out in this form.

**NOTE:** The changes to your rights, as set out in this form, does not apply if your death or injury is due to gross negligence on the supplier's part. 'Gross negligence' is defined in the Fair Trading (Recreational Services) Regulations 2004.

## PRIVACY

La Trobe University Rowing Club Inc. is committed to maintaining the privacy of your personal information provided to us in relation to your membership and the operations of the Club. From time to time the Club may be required to provide your personal information to other organisations, such as Rowing Victoria and La Trobe University. LURC will only process your personal information in line with the *Privacy Act 1988* (Cth). Details on how we collect, use and disclose your personal information is detailed in our Privacy Policy which can be found on our website at <http://latroberowing.org/info-for-members/privacy-policy/> or by request.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## OFFICE USE ONLY

Date Received:

Date Approved:

Fee Paid:

Date Entered into Register:



# La Trobe University Rowing Club Inc.

## Medical Form

### PERSONAL DETAILS

First Name:	Last Name:
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Height (cm):	Weight (kg):

### MEDICAL DETAILS

1. Do you have any medical problems? If yes, please detail below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	
_____	
2. Are you currently taking any medication (including a puffer)? If yes, please detail below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	
_____	
3. Have you ever had, or currently have, any sporting injuries? If yes, please detail below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	
_____	
4. Have you ever had, or currently have, repeated swelling of any bones or joints? If yes, please detail below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	
_____	
5. Please list any allergies you have, e.g. medications, bites, foods. Are they life threatening?	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	
_____	

### PRIVACY STATEMENT

"The information provided in this form is only for the purpose of joining the La Trobe University Rowing Club and for the said Club to fulfil its duty of care in case of a medical emergency. The only people authorised to access your medical form are your Coach, the First Aid Officer and the Secretary. Enquiries relating to the information included in this form should be directed to the Secretary of La Trobe University Rowing Club."

**In filling out form, I declare that to the best of my knowledge the information provided is correct and complete.**

Signature:	Date:
If under 18, Parent/Guardian Name:	
Signature:	Date: