

PRE-ACTIVITY SURVEY & REGISTRATION FORM

For a

DBSA COME & TRY EVENT

Please complete this form and hand it to Club Coordinator prior to any on-water activities.

This information will be treated as confidential. The Club coordinator will be the only person who sees the information below as part of his/her duty of care. These details will be disposed of in a secure manner.

PERSONAL DETAILS:			
Name:			
Address:			
Email:			
Phone number:			
Emergency Contact:	Name		Phone number
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Prefer not to say

Would you like to receive further information about the sport of dragon boating? Yes No

If yes, do we have your permission to retain your personal details so we may contact you? Yes No

DBSA ORGANISING CLUB DETAILS:			
Club:			
Club Coordinator:			
Event Date & Time:			
TRAINING / MEDICAL HISTORY			
How far can you swim in fully clothed without a personal floatation device (life jacket)?	<input type="checkbox"/> Non-swimmer <input type="checkbox"/> <50m <input type="checkbox"/> <100m <input type="checkbox"/> >200m	Have you had a recent Tetanus booster?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What background do you have in sport or physical activity?			
Do you have any injuries or illnesses which may affect your ability to paddle?			
Do you carry medications that you may require in an emergency? If so please specify.			
OTHER			
Do you have any concerns or queries regarding commencing training?			

- I provide this information to the DBSA Organising Club for the assessment of my ability to participate in this event.
- I will not hold DragonBoat SA or any of its Member Clubs liable for any personal injury or loss of property suffered by me at this Association activity, whether or not the same is due to the Association, its servants, or agents.
- I confirm the Organising Club has explained the Safety drill and risks associated with the sport.

Signature: _____

Date: _____