

---

## Melbourne Drift Trikes Inc. REGISTRATION & MEDICAL INDEMNITY

---

Melbourne Drift Trikes Inc. requires the information requested below for use in your membership registration. Your details will be disclosed to the following Club personnel: Club Secretary, Club President and committee members. You will be able to access your personal information through the Club Secretary upon reasonable notice.

**Details:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

**Medical Information:**

I hereby consent to the provision of the following health information for Melbourne Drift Trikes records and to use in the event of injury, illness or emergency, if required.

Medicare Number: \_\_\_\_\_

Private Health Insurance (if applicable) \_\_\_\_\_ No: \_\_\_\_\_

Ambulance Member No. (if applicable): \_\_\_\_\_

Existing medical conditions/injuries/allergies: \_\_\_\_\_

\_\_\_\_\_

Regular medication: \_\_\_\_\_

\_\_\_\_\_

**Emergency Contact Persons:** (Parent/Guardian if under 18)

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Next of kin (1): \_\_\_\_\_ Home phone no.: \_\_\_\_\_

Mobile phone no.: \_\_\_\_\_

Next of kin (2): \_\_\_\_\_ Home phone no.: \_\_\_\_\_

Mobile phone no.: \_\_\_\_\_

---

---

**Please read and tick each box.**

**I agree to:**

- I agree to abide by the Clubs' Code of Conduct (Member)
  - Participate for fun and enjoyment
  - Respect and support my club and club officials
  - Treat all participants with respect and dignity regardless of their ability, gender, sexuality or cultural background
  - Respect local residents and organisers at events
  - Demonstrate self discipline – control my emotions and temper
  - Never use aggressive behaviour or abusive language
  - Accept responsibility for my actions
  - To attend member meetings when called
  - Support necessary fundraising activities
  - To wear safety gear at all times while participating in events.
  
  - Deal with any dispute using the appropriate process; put any grievance in writing to the Secretary.
  - Represent the Club with pride and good sportsmanship.
  - I agree and have no objection to any images/photographs of me being taken and used for Club purposes only. Eg. PowerPoint presentation, website, and other promotional advertising.
- 

**Declaration:**

- I agree to pay all fees by the date/s specified.
- I agree (Member and parents if member is under 15) to comply with the Club's Constitution, Vic roads road rules, Safety instructions and local council laws.
- I agree to maintain the confidentiality of matters between me as a Member and the Committee at all times.
- I agree that where necessary the Club may provide my personal information to government bodies when requested.
- I understand that the personal and medical information provided on this form will be used for Registration, Insurance and Participant/Club Management purposes and in the event of injury/illness.
- I understand that if I do not provide the information requested on this form, the Club might not be able to process my Registration and I will not be eligible to become a member or compete in Club competitions.

**Consent:**

I understand that Melbourne Drift Trikes Inc. will run events as safely as possible and will follow the constitution.

I also understand that Drift triking is a limited contact sport and that there is a risk of injury involved in the activity.

I authorise any official from Melbourne Drift Trikes Inc., in the event of any injury or illness, to obtain on my behalf and at my expense any medical assistance, treatment and transportation as deemed necessary.

**Indemnity:**

Except where provided or required by law and such cannot be excluded, I agree that Melbourne Drift Trikes Inc. and its respective directors, officers, members, servants or agents are absolved from all liability however arising from injury or damage to me, however caused, arising whilst participating in events.

I have read, understood and agree to the above terms. I warrant that all information provided is true and correct.

**Signed:**

Member:

Date:

---

Parent/Guardian: (if under 18 yrs of age)

Date:

---

OFFICE USE ONLY:

Member approval Date:

Member Number: