



Melbourne Drift Trikes Inc.

VISITOR 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.: _____

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.
- I understand that I am representing Melbourne Drift Trikes at all events. I will control my temper and emotions and if I have a dispute or concern I will speak to a committee member.
- I understand that Melbourne Drift Trike Events have a strict NO ALCOHOL policy and that if I break that policy, my membership is dissolved and I am no longer welcome to take part or spectate at any Melbourne Drift Trike Event.

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 and The City of Cardinia, 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: _____