



PARADISE DIVING CLUB REGISTRATION FORM 2017-2018

Surname:	First Name:	Gender M/F:
No. & Street:	Suburb/Postal Code:	Land Line:
Email:		
Mother's Name:	Father's Name:	Date of Birth:
Mother's Mobile:	Father's Mobile:	School:
Mother's Work #:	Father's Work #:	Australian citizen: Yes / No
Doctor's Name	Doctor's #:	Nationality:
Medical Condition/Medications (eg Asthma etc):		
I hereby authorise the medical practitioner identified above to provide to hospital authorities or other qualified medical practitioner(s) additional information concerning any medical conditions should the need arise.		
Parent/Guardian:(Please print)		Date:
Signature of Applicant/Parent/Guardian:		
I hereby authorise the supervising manager(s) and/or coach (es) to obtain any medical or associated assistance which they deem to be necessary should any medical condition or accident occur. I agree to pay any ambulance, medical, dental and/or pharmaceutical expenses incurred on behalf of the above athlete which are not covered by my personal/family ambulance subscription, medical benefits fund. I understand that, should such circumstances arise; the supervising manager(s) and/or coach (es) will endeavour to contact me by phone in the first instance.		
Parent/Guardian:(Please print)		Date:
Signature of Applicant/Parent/Guardian:		

**PDC Registration year commences on the 1st of July each year.
All Divers and Coaches must be registered at the beginning of the registration year**

I authorise and consent to the applicant undertaking the Diving Activities. In consideration of the applicant's membership in Paradise Diving Club being accepted, I agree that any participant, club or other person in any manner makes use of any apparatus, appliance, facility, privilege or service whatsoever owned or operated by the Club or who engages in any contest, game, function, exercise, training competition or other activity shall do so at his or her risk (knowing full well that there are risks inherent in the sport of diving and fitness activities) and shall waive any legal claim against Kevin Hall, the Paradise Diving Club or any other of its coaches or representatives, and shall hold the lifeguards, employees, representatives or agents of the Southport Olympic Swimming Pool, Gold Coast City Council, Diving Australia and Queensland Diving, Inc exempt from any losses, costs, claims, injury damage or liability, incurred by him/her resulting there from. 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 the Diving Australia membership and PDC declaration, including the provision by me of a release and indemnity in the terms set out in the above mentioned declaration. In addition, I agree to be bound by and to comply with the Paradise Diving Club, Queensland Diving Association, Inc, and constitutions and any regulations and policies made under it.

Parent/Guardian:(Please print)	Date:
Signature of Applicant/Parent/Guardian:	

Fees from 1st July 2017 to 30th June 2018

New Members	\$25.00	Parent Membership & Renewing 2 nd child	\$10.00
Existing Diver Member or New Members (2 nd child)	\$15.00	Renewing 3rd child	\$5.00

Please pay into Westpac BSB; 034215, Account = 348464 Reference = surnameRego