

# AOCRA

## SECRETARIES HANDBOOK



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## **INTRODUCTION**

The aim of this handbook is to provide new club secretaries with necessary information and guidance.

## **RESPONSIBILITIES AND LAWFUL REQUIREMENTS**

A number of persons stepping into a new position have not been made aware of the tasks and responsibilities that are vital to the operation of AOCRA Inc.

The first challenge you will meet is to get your hands on the correspondence and documents which will be part of your daily life as secretary of your zone.

The role of zone secretary increases the responsibility several fold.

Once you have had an opportunity to examine the files, you will hopefully find a file which will contain a series of forms and documents supplied by AOCRA Inc.

Learn the rules observe the rules your immediate responsibility

- Arrange all meetings
- Keep minutes of all meetings
- Arrange correspondence in order
- Keep a roll of members present
- Report on minutes and correspondence
- Keep an up to date database of all members
- Keep members informed of all aocra requirements and rule and policy changes
- Remind members of obligations to your club re safety and insurance requirements.
- Distribute literature and other information.

Control and assist your club activities.

This is for your safety and AOCRA's safety and the sport in case of litigation arising from some item that may seem insignificant at the time.

- \* Ensure all regatta documentation is correctly completed and archived.
- \* Keep copies of everything. It is vital that you copy and file all records.
- \* Report regularly to AOCRA Secretary and your Zone Secretary on club matters.
- \* Never assume office unless you have much enthusiasm for the task
- \* Have a lot of spare time
- \* Know the rules and policy of your association.
- \* Have a good working relationship with the president and other committee.
- \* Be aware of your legal responsibilities
- \* Prepare and submit all documents required under law
- \* Submit documents as required to AOCRA Secretary and your Zone Secretary on time.
- \* Keep your zone and aocra informed. You are the link .
- \* If you fail in your task there is always the possibility of committing an offence punishable by law.
- \* Keep a register of all insurances held by your club . Keep those insurances current. People and equipment are hard to replace.
- \* IEA will insure all your equipment and your club officials as well.
- \* Keep all the members of your Zone current with AOCRA Sports Insurance. this will protect your clubs and coaches if litigation should result from injuries and accidents.
- \* Apply to your AOCRA Secretary if you need more information.

Working with committee members from many varied backgrounds does not always produce the most happy relationships, but a good secretary will overcome those areas and produce results regardless.

Enjoy the challenge and feel good when you know you have achieved a positive result.

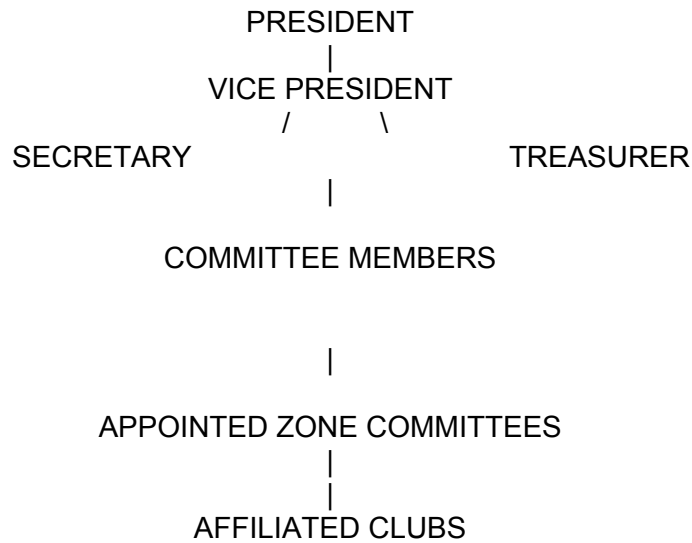
**Take on the role and keep a tight ship. Observe the rules and expect others on your committee to stand beside you.**

**"keep smiling even if your teeth are clenched."**

Vale RAMONA MILLIGAN

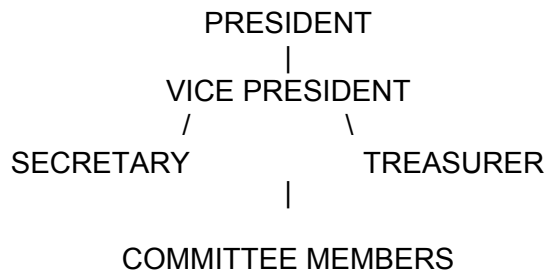
## POLICY & PROTOCOL

THE BASIC STRUCTURE OF THE ASSOCIATION IS HEADED BY THE BOARD OF DIRECTORS (THE PEAK BODY) CONSISTING OF THE FOLLOWING ELECTED MEMBERS.



## CLUB STUCTURE

THE BASIC STRUCTURE OF A CLUB CONSISTS OF THE FOLLOWING ELECTED MEMBERS.



AOCRA IS INCORPORATED IN QUEENSLAND AND IS A  
REGISTRABLE AUSTRALIAN BODY WITH  
AUSTRALIAN SECURITIES AND INVESTMENT COMMISSION  
OUR REGISTERED NUMBER IS ARB 082 921 784  
PLEASE QUOTE ON ALL OFFICIAL DOCUMENTS AND LETTERHEADS.

AOCRA IS ALSO REGISTERED WITH THE ATO FOR GST.  
ABN 20 584 327 165  
PLEASE QUOTE ON ALL TAX INVOICES.

## **ROLE AND FUNCTION OF CLUB SECRETARY**

One of the keys to being a success in this role is to ensure that you have a structured, organised approach to record keeping and document preparation.

It is the responsibility of the club secretary to ensure that all required and current documentation is completed in a timely manner and reported through to the Zone Secretary.

## **PRELIMINARY REQUIREMENTS**

Each Secretary should become familiar with the AOCRA Bylaws, in doing this; you will become familiar with the Governance requirements of AOCRA.

The links to the document(s) are provided below.

[AOCRA BY - LAW 1](#)

[AOCRA BY - LAW 3](#) -

[AOCRA BY - LAW 2](#)

[AOCRA BY - LAW 6](#)

Additionally, as Club Secretary you will be called upon to answer various queries regarding AOCRA rules for Regattas. It is important that you familiarise yourself with the Regatta Rules, the link has been included below

[Regatta Rules](#)

## **PRIVACY OF INFORMATION**

The AOCRA privacy policy outlines the requirements for and processes for obtaining personal information as well as disclosure of this information to other parties eg: insurers. The security and access to your personal information have been considered and suitable protocols established. Some information that AOCRA have

collected maybe considered "sensitive" under the revised Privacy Act, and release of this information occurs either with individual consent for disclosure, where it is required for competition or required by law. The link to the AOCRA privacy policy appears below:



## **AOCRA PRIVACY POLICY**

It is important for us to ensure that you are confident that any personal information that you provide to us is treated in the appropriate manner and with the appropriate degree of privacy.

### **What does "personal information" mean?**

Personal information is any information about you that identifies you or by which your identity may be reasonably determined. By collecting this personal information we are able to:- Identify your level of competition, Recommend the appropriate level of advice and training, Contact you when and where necessary, Ensure that you attain the best possible service and advice from the Association, Identify you and are able to protect you from any unauthorised access to your personal information.

If we are unable to collect personal information about you then we are unable to allow you to participate in Association approved events.

### **How the Association collects your personal information**

We will always collect your personal information directly from you where possible. Where we are unable to obtain that personal information directly from you we will obtain your consent before information is obtained from another party.

Collection of your personal information may occur in a number of ways including:

- Taking information from you through application forms;
- Where you request that we contact a medical provider or other party on your behalf;
- During the course of further information provided to you or in reply to questions which may be asked by us;
- From other parties you have authorised us to contact to provide particular personal information.

It may occur that personal information may be collected by the Association from other sources without your direct knowledge. Examples of this may be where you are involved in Association Competitions and results are transferred from the Clubs to the Association.

Where possible we will require you to specifically consent to any use or disclosure of your personal information. Your consent will usually be required in writing however where necessary the Association may accept your verbal consent to disclose particular information in the conduct of your legal matter.

Regardless of how your personal information is collected and whether it is through implied or actual consent the Association will deal with your personal information in accordance with this privacy policy.

### **Who would the Association disclose your personal information to?**

The Association may need to disclose your personal information in certain circumstances. The information may be disclosed when publishing racing results or providing insurers with relevant information.

The Association may disclose your personal information where you have consented to us doing so. Your consent to the disclosure of your personal information necessarily required for the due performance of the Association will be implied from your application form.

The Association will at all times attempt to ensure that we do not disclose your personal information to a party outside the Association where consent for such disclosure has not been given.

Some examples of parties outside the Association to whom we may be required to disclose your personal information and the reasons for disclosure are:-

1. Insurance companies to ensure that policy claims are accurate.
2. Government Authorities in respect to any claims for WorkCover, etc.
3. Medical or any other experts who may be required to report on any injuries sustained by you.
4. Legal representatives of the Association.

### **Ensuring your personal information is up to date**

The effective and proper maintenance of the Association's records can only be obtained where the personal information which we hold is current and up to date. In this regard it is important that you notify the Association of any changes of your personal information, which we hold.

### **The security of your personal information**

In ensuring that your personal information is secure the Association employs a number of means to protect your personal information. These include:-

- External and internal premises security;
- The requirement for all Committee members to enter into confidentiality agreements;
- Restricted access to personal files and information;
- Computer maintenance to ensure that unauthorised access is prevented;
- Proper document handling and shredding with respect to personal information;
- Limited access to your personal information to those persons that are necessarily required to have access to that information.

Where the Association no longer requires your personal information we will hold your records for a period of ( 4 ) years and then securely destroy. The information will also be deleted from our main computer system.

### **Access to your personal information**

Should at any time you wish to access your private information all that is required is that you contact the Association on (07) 5534 1364 and advise us of your request. In accessing that private information the Association will require you to sign a disclaimer stating that you have accessed your private information.

In order that this information is made available to you some notice is required so that we may have the documentation ready for your inspection. Where the information is held in security the Association reserves the right to charge a fee to cover the cost of retrieval and supply of the information to you. However we will endeavour at all times to ensure that the cost of such retrieval is reasonable.

Only the person upon whom we hold that personal information is allowed access to their personal information and as such any other personal information which may be held on that file will not be available to the person seeking access to their information.

The Association retains the right to deny access to the personal information where the information may relate to an existing or anticipated legal proceedings with you or where access may be regarded as frivolous or vexatious. Where The Association has denied you access to your personal information the Association will provide reasons for that denial.

### **Sensitive Information under the new Privacy Policy Rules**

Certain information which may be collected by the Association will be regarded as sensitive information. The disclosure of sensitive information can only be made by the Association with your direct consent or where it is required for competition purpose or required by law to be disclosed.

### **Direct Marketing**

The Association may from time to time use your personal information, such as your address or contact details to provide you with information about other services that the Association offers. If at any time you do not wish to receive any information about the services please feel free to contact us on 5534 1836 and we will not send you any further material.

### **Complaints about breaches of privacy**

If at any time you believe that the Association has disclosed your private information or has breached this Privacy Policy then you may lodge a complaint with the Association in the following ways:-

1. By telephoning (07) 5534 1364; or
2. By writing to The Secretary, AOCRA, 26 Guineas Creek Rd, Currumbin Waters, Qld, 4223.

If you are not satisfied with the response that you receive from the Association then you may contact the Federal Privacy Commissioner on:- "1300 363 992"

Or in writing to:-

"Director of Complaints, Office of the Federal Privacy Commissioner,  
GPO Box 5218, Sydney, NSW, 1042."

This Privacy Policy was last amended on Jan 2006.

## **AFFILIATION WITH THE NATIONAL BODY**

Each club must re-affiliate with the parent body-AOCRA on 1<sup>st</sup> July annually. This affiliation enables the club to be part of a professional and progressive body who have responsibility for managing outrigger canoeing in Australia and links with other outrigger associations internationally. Additionally, being part of the Association, each club has access to liability insurance, personal accident insurance, Directors and Officers Liability, Coaches indemnity, and canoe / equipment insurance at competitive rates.

*This information is submitted to the AORCA Treasurer each year.*

## **REPORTING CHANGE(S) IN COMMITTEE DETAILS**

Following your club's Annual General Meeting, copies of the minutes and any changes in Club Committee membership are to be forwarded to the Zone Secretary. New club committees should be elected before the Zone Annual General Meeting each year, which is held at the start of September.

## **REGISTRATION-CLUB CANOE(S) & CLUB COLOURS**

F 123 is used to register club canoes and racing colours. This information must be completed and returned to the AOCRA secretary by 1<sup>st</sup> October annually. It is important that the club colours are registered and paddlers are advised of the Regatta rules which require all competitors to wear club uniforms.

When completing this form, you must also include the colour, make and registration number of the canoe and any sponsorship details. If your club sells or no longer uses a canoe for racing, this information must be forwarded to the AOCRA Registrar and Zone Registrar to ensure the details are removed from their records.



## CLUB CANOE (S) AND RACING COLOUR REGISTER

Please insert Zone Name here eg. W.A Zone  
**2008 OUTRIGGER RACING SEASON.**

To ensure your Club colours and canoes are correctly logged with AOCRA Management Committee for the 2008 racing season, please complete the details below and return this document as a priority by no later than 1<sup>st</sup> of October 2007, to qualify for the 2008 regatta season to:

**Zone Name:** Secretary

**Zone Name:** Registrar

**CLUB NAME:** -----

**CLUB COLOURS:** -----

(Note: Club Colours are required to be registered with AOCRA Inc. and paddlers are advised that Regatta Rules require all competitors to wear club uniform)

Please provide full identification of your Clubs' racing canoes including the colour(s) of each canoe and the registered number of each canoe, sponsor markings and the placement of those markings. If your club acquires further racing canoes during the season, advise the details to AOCRA INC. immediately. If a club is not competing on the circuit please advise so that canoe can be removed from the Register.

**IMPORTANT: Regatta Racing Rules require each canoe to be officially inspected, weighed, numbered and compete with two (2) bailers and at least one (1) spare paddle. Please ensure your canoes comply with these rules**

### Canoe Registration

<u>OC6</u>	<u>ZONE NUMBER</u>	<u>MANUFACTURER</u>	<u>COLOUR</u>	<u>SPONSORS</u>

### 2008 Club Uniform Registration

Any combination of clothing may be worn as long as they are in the same coordinated club colours. This combination is allowed.  
Hats are optional but when worn must be the same club colour

<u>Hat (optional)</u>	<u>Unitard Crop top</u>	<u>Singlet/Rash shirt: Long/short sleeve</u>	<u>Club Colours</u>	<u>Accessory clothing</u>

## **CLUB TRANSFER FORM**

For those paddlers transferring from one club to another, Form 117 is required to be completed by the transferring club releasing the paddler and forwarded to the receiving club as outlined in the Regatta Rules. This form is to be forwarded onto the Zone Secretary together with the regular membership documents.

Should a transferring paddler wish to compete in events early in the season, the membership, transfer document and AOCRA payment must be forwarded to the Zone Secretary 14 days prior to the first regatta to enable eligibility to compete for the receiving (new) club.

Paddlers must only transfer once per year (between zones/clubs).

### **PADDLER TRANSFER FORM**

( **Paddlers may only be a financial member of one club at any one time.**  )

Please send a copy to the club to which the member is transferring to and from and to the undermentioned officials.

TO: Paddler Registrar  
AOCRA Inc.

TO: AOCRA Zone Secretary

Your Zone Secretary Address

For the purpose of AOCRA INC. RECORDS, advice is hereby given that

#### **Member Name:**

Previous Paddler Identification No. \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_\_\_

**has resigned,**

**FROM CLUB:** \_\_\_\_\_ OCC. Club Stamp or Seal ---->

RELEASED BY: ..... .. President / Secretary / Club Registrar  
(Pls Print Name) (Pls circle)

Signature of Releasing Club Representative Date: \_\_/\_\_/\_\_\_\_

*A copy of the paddler resignation should accompany the application for transfer*

#### **Further advice is given that this person is now a financial member of :**

**NAME OF NEW CLUB:** .....O.C.C. Club Stamp or Seal --->

New Club Representative:..... President / Secretary / Club Registrar  
(Pls Print Name) (Pls circle)

Signature of Representative of New Club: Date: \_\_/\_\_/\_\_\_\_

MEMBER SIGNATURE.....DATE: .....

#### **(OFFICE USE ONLY)**

DATE RECEIVED: ..... RECORDS AMENDED: YES / NO

NAME: ..... SIGNATURE: .....

**NB. REGATTA RULES APPLY TO ALL TRANSFERS.**

## JUNIOR PADDLERS AUTHORITY TO COMPETE IN OPEN EVENTS

For junior paddlers, 16 years and over to train or compete in open division, permission must be given by the parent, guardian AND coach. Deliver to the Zone Secretary.

AOCRA INC.

JUNIOR F 12

### PARENTAL PERMISSION FORM

Attention: The Zone Secretary / Registrar

I, \_\_\_\_\_  
**Print full name**

OF \_\_\_\_\_  
**Address**

HEREBY GIVE PERMISSION FOR MY CHILD

I.D.

D.O.B \_\_\_\_\_ a member of \_\_\_\_\_ OCC. \_\_\_\_\_

WHO WILL BE SIXTEEN OR OVER IN THE CALENDAR YEAR OF COMPETITION  
TO COMPETE IN OPEN DIVISION OUTRIGGER CANOE EVENTS, SANCTIONED  
BY AOCRA AND THE ZONE COMMITTEE.

I UNDERSTAND THAT THE COACH OF THE DIVISION MUST ALSO AGREE THAT MY CHILD  
TAKES PART IN OPEN DIVISION EVENTS.

I AM AWARE THAT MY CHILD MUST TURN SIXTEEN OR OVER IN THE CALENDAR YEAR OF  
COMPETITION.

PARENT OR GUARDIAN SIGNATURE: \_\_\_\_\_

COACH APPROVAL:

I, \_\_\_\_\_  
**PRINT FULL NAME**

OF, \_\_\_\_\_  
**PRINT FULL NAME OF CLUB**

GIVE PERMISSION FOR THE PERSON NOMINATED ON THIS FORM TO TAKE PART IN OPEN  
DIVISION EVENTS APPROVED BY AOCRA INC AND THE ZONE COMMITTEE.

SIGNATURE: \_\_\_\_\_

## - Medical Declaration

If indicated, paddlers (& their General Practitioner) are required to provide information to the Zone Secretary and AOCRA should they be on prescribed medications which may contravene the Australian Sports Drug

Agency (ASDA) Anti Doping Policy. The Paddler Consent Form is also included as part of this documentation which must be completed by the member.

The Medical Certificate must be completed by member and their GP if any medication which contravenes the ASDA Anti Doping Policy is being used. This form only needs to be completed once (not annually) unless the condition has changed.

Ref. AOCRA dcr/mc/ 001

### MEDICAL DECLARATION

Full name of paddler :

\_\_\_\_\_ ID: \_\_\_\_\_

Club : \_\_\_\_\_

Zone / State: \_\_\_\_\_

Generic name of medication and dosage :(RN) : \_\_\_\_\_

Method of administration : \_\_\_\_\_

Indications for use : \_\_\_\_\_

Prescribing Physician : \_\_\_\_\_

Medical council registration Number : \_\_\_\_\_ Tel No : \_\_\_\_\_

E-mail : \_\_\_\_\_ Fax : \_\_\_\_\_

Physician's address: \_\_\_\_\_

Signature of physician : \_\_\_\_\_ Date : \_\_\_\_\_

### **Paddler's consent to provide a copy of this medical declaration to the Australian Sports Drug Agency,**

I \_\_\_\_\_ agree to

the \_\_\_\_\_ AOCRA INC \_\_\_\_\_  
( name)

passing this medical certificate or record thereof. provided by me for the purpose of complying with the doping control regulations of AOCRA INC. as are current and for that purpose only :

Signed : \_\_\_\_\_ date : \_\_\_\_\_

Parent/Guardian : \_\_\_\_\_ date : \_\_\_\_\_

(if under 18 years)

## **PADDLER INJURY**

As part of the AOCRA Risk Management Prevention Strategies, it is mandatory to report all injuries regardless of their nature and severity. Should clubs fail to report and document injuries, it is possible that claims /

compensation maybe denied. Form 118 should be completed immediately following a reported injury or incident and sent to the Zone Secretary within seven (7) days of the incident. The Zone Secretary will then forward the details to AOCRA.

### **AOCRA F118 - OAMPS 2008**

#### **INJURY REPORT**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

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

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ]M [ ]F Club: \_\_\_\_\_

#### **Injury**

Sport and Team: \_\_\_\_\_

Place: \_\_\_\_\_

Time: \_\_\_\_\_

#### **History of Injury:**

Body part injured: \_\_\_\_\_ [ ]L [ ]R

Mechanism: \_\_\_\_\_

#### **History of individual:**

New / re-injury; \_\_\_\_\_

Date of previous injury: \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

Observations: \_\_\_\_\_

Impressions and comments: \_\_\_\_\_

Care rendered: \_\_\_\_\_

Is there any evidence to suggest that there is potential for a negligence claim on any party? YES

☐

NO

☐

Referred to: \_\_\_\_\_

Please use a separate sheet if more details are required.

Signature of person attending injured: \_\_\_\_\_

Print name and qualification \_\_\_\_\_

DATE:

**MUST BE RETURNED TO AOCRA SECRETARY WITHIN 7 DAYS F118 - 2008**

The regatta host club Secretary will forward the regatta invitations, club and team nominations to the Secretary no less than 4 weeks prior to an event. The Hosting Club Secretary is required to submit F101 and the signed regatta contract to the Zone Secretary no later than 14 days prior to the scheduled event. This form can be

# F101 Regatta Information Form

F IOI

**NOTE: This form is to be completed by a Club hosting a Governed Regatta and to be submitted to ; The Zone Secretary \_\_\_\_\_ fourteen (14) days prior to the Regatta!**

**PERMITS:**

## NOTIFICATION TO SAFETY SERVICES

COAST	GUARD	YES / NO
AIR	SEA RESCUE	YES / NO
WATER	POLICE	YES / NO
OTHER		YES / NO

## SAFETY OFFICER: (Name) \_\_\_\_\_

**FIRST AID AREA:** The person / s must be suitably qualified and a non paddler on the day See Regatta Rules  
YES / NO

SAFETY BOATS : (AS REQUIRED BY AQUATIC EVENTS PERMIT) AND AOCRA YES / NO

TWO-WAY RADIOS: YES / NO

OPERATORS LICENCE NO \_\_\_\_\_ : \_\_\_\_\_  
 AMBULANCE CONTACT PHONE: \_\_\_\_\_  
 DOCTOR AVAILABLE: PHONE: \_\_\_\_\_  
 POLICE PHONE: \_\_\_\_\_

## **PROTEST FORM**

This is to be used in case of a protest on the day of racing. Please fill out the form hand it to the race director with \$50 within 15 minutes of the completion of the race that is being protested on. Form on page (17)

## **MEMBERSHIP FORMS**

All persons must complete the following documents in full where indicated. Failure to complete in full may result in refusal of your application. The documents are legal and binding. The document consists of a package of six pages and all members must be aware of the requirements.

**Failure to complete any of the required documents may result in a loss of insurance.**

For new paddlers, it is important that the Indemnity Form be completed whilst potential new paddlers are trialling our sport. This will ensure both they and the affiliated club are covered should an incident occur. Should this not occur, the club maybe liable. Additionally, for those clubs embarking on Corporate Days, this issue must be made known prior to the commencement of the event.

It is a requirement that any new paddler is registered with the zone at least 14 days prior to a regatta to enable participation. Failure to comply will result in paddler ineligibility and potential club disqualification.

All renewing and transferring paddlers must complete the required documents and the affiliated club must submit this information to your **Club Secretary** no later than **October** each year, then to the **Zone Secretary** prior to the **30<sup>th</sup> of November** these are due to the **AOCRA Registrar before 31<sup>st</sup> December** each year. This will ensure continuing paddlers will be insured by January 1<sup>st</sup> each year.

Copies of the membership forms are included on the pages below and can be downloaded from the AOCRA website these include:

- AOCRA Renewing Paddler Form (page 18)
- AOCRA New Paddler Form (page 19)
- AOCRA Welcome To Our Sport (page 20) (new paddlers only)
- AOCRA Indemnity and Release (page 21) (new paddlers only)
- Tax Invoice to be sent with the above forms to AOCRA registrar (page 22)

Only 1 tax invoice is required for all forms sent with payment attached.

## **CLUB NOMINATION FORM**

Please forward this form no later than 2 weeks before an event to both the host Club Secretary and Zone Secretary. The host club can then cater for the correct support craft required to host that regatta. This form is valid for both OC1/OC2 and OC6 events. A fee schedule is included and payment by club cheque should be made out to AOCRA Inc. to be presented to the Host Club on the day of the regatta. See page (23).

## TEAM / PADDLER NOMINATION FORM

This form is required to be completed by ALL teams entering events at a Regatta. The form must indicate which event the team is participating in, the class eg open, masters etc, paddler names (including signature) and identification (registration) number, team captain, and canoe description including registration number. A separate form should be completed for each team entering an event, alternatively, list team members in separate groups on the same form. See page (24)

Note: Paddlers can be registered for more than one division at any given race day.

### INSTRUCTIONS FOR USE

#### ZONE SECRETARIES / CLUB SECRETARIES

1. Please alter Zone ID to be relevant to your Zone.
2. You may change the type of member to suit your needs, under administration.
3. **The paddler registration / membership document is standard throughout Australia and as such cannot be altered except as in point 1 and 2.**
4. For the first time AOCRA is requiring proof that **all paddlers** are made aware by their club of the conditions on which AOCRA will accept their application to be registered members of the association.
5. The accompanying document must be attached to each application form and the applicant must be given the information by the club to ensure the person is aware of AOCRA requirements.
6. Both documents are to be completed in full and signed where required and returned to the Zone Registrar for filing.
7. These two documents will be the legal record held by AOCRA of the personal details of all club members.
8. In the future when our electronic system comes on line AOCRA may require these documents to be sent directly to AOCRA for filing.
9. AOCRA wishes to impress upon you that the documents must be completed legibly and completely.
10. Do not accept registrations which do not meet AOCRA standards.
11. **Documents must be complete and correct as they are legal documents and the club will be liable for any claims made if the document is incomplete.**
12. **Please return incomplete or illegible documents to applicants and delay acceptance of membership until the documents are complete in all details.**

NB. AOCRA only requires the section above administration only, as our record. The administration area is club property.

Registration and insurance are included in the \$60.00 per senior paddlers and \$35.00 per junior paddlers paid to AOCRA . This entitles each person to be recorded as a registered member of AOCRA Inc.



**AUSTRALIAN OUTRIGGER CANOE RACING ASSOCIATION INC.  
PROTEST FORM.****REGATTA****DATE**

**NOTE:** A PROTEST SHALL BE IN WRITING ON AN AOCRA PROTEST FORM AND SHALL BE DELIVERED TOGETHER WITH THE PROTEST LODGEMENT FEE TO THE RACE DIRECTOR NOT LATER THAN 15 MINUTES AFTER THE COMPLETION OF THE HEAT / FINAL.

**N.B.** A PROTEST LODGEMENT FEE OF \$50.00 SHALL BE DELIVERED TO THE RACE DIRECTOR WITH THE PROTEST FORM. THIS FEE IS REFUNDABLE IN FULL IF THE PROTEST IS UPHELD.

PROTEST BY: \_\_\_\_\_

PROTEST AGAINST: \_\_\_\_\_

EVENT: \_\_\_\_\_

AOCRA RULE APPLICABLE \_\_\_\_\_

GROUND(S) FOR PROTEST (DETAILS): Must be written clearly or printed - will not be accepted if not legible


SIGNATURE: \_\_\_\_\_

Team Captain / Competitor

**OFFICIAL USE ONLY**

SIGNATURE: \_\_\_\_\_ Time Received: \_\_\_\_\_  
Race Director

DECISION: _____

REASON: _____

SIGNATURE \_\_\_\_\_  
PROTEST COMMITTEE MEMBERS

THIS IS THE ONLY FORM APPROVED BY AOCRA. PLEASE COPY AS REQUIRED.

AFFILIATED CLUB:	Club Address:		
<b>MEMBERSHIP RENEWAL - CLUB PADDLER REGISTRATION</b>			
<b>Current Member Information</b>		<b>- Please Note CHANGES ONLY -</b>	
Name:		Zone Regis No:	
Address:			
City:		State:	
e-Mail:			
Mobile:			
<b>Other Information - PLEASE NOTE CHANGES ONLY</b>			
Next of Kin Name:		Relationship:	
Address:		Telephone:	
Are you a Competent Swimmer ?		<input type="checkbox"/> < Select Yes/No <small>Note: to meet AOCRA safety requirements, each Club is required to ensure member swimming competency, through certification or testing</small>	
Do you suffer any Medical Conditions ?		<input type="checkbox"/> < Select Yes/No If Yes, please discuss with club registrar / head coach, and please list medical conditions and all pre-existing conditions and injuries: (such as asthma, heart condition, blood pressure, diabetes, etc. )	
Condition	Treatment		Year
Do you subscribe to State/Territory Ambulance Service ?		<input type="checkbox"/> < Select Yes/No	If Yes, Please identify which State >
Are you a Member of a private health care fund ?		<input type="checkbox"/> < Select Yes/No	
Do you agree for your details to be used for publication ?		<input type="checkbox"/> < Select Yes/No	
Please note your Occupation:			
<b>MEMBER RENEWAL - FEES PAYABLE</b>			
<b>Your Current Membership and Insurance Cover Expires on:</b>	<b>New Member Year</b>	<b>FEES TOTAL</b>	
<b>31-December-2007</b>	<b>2008</b>	<b>\$</b>	
<b>PAYMENT METHODS</b>			
<b>Cash, or Cheque Payable to:</b>			
<b>Internet Pay Anyone Transfer To:</b>	<b>Account Name</b>	<b>BSB No.</b>	
		<b>ACCOUNT No.</b>	
Please Provide a copy of your Internet Payment Receipt with this renewal form			
Once you have paid and we have processed your revised information herein provided, your previous membership Contract is renewed for a further 12 months, and you acknowledge that you continue to be bound by the following Agreements - To abide by the Rules, Constitution and Directions of AOCRA Inc and the Club - To accept the terms, exclusions, conditions and limitations of I.E.A. Sports Injury and Legal Liability Insurance Contract - To have read and understand the AOCRA Anti-Doping Policy as published at <a href="http://www.aocra.com.au">www.aocra.com.au</a>			
		<b>Paddler Signature</b>	<b>Date:</b>
<b>Renewal Process Completed Signatures</b>			
Club Registrar Signature:		Date:	
Zone Registrar Signature:		Date:	

AFFILIATED CLUB:		Club Address:	
<b>NEW MEMBER - CLUB PADDLER REGISTRATION</b>			
<b>Member Details, Contact information</b>			
Surname:		Given Name:	
Date of Birth (dd / mm / yyyy)		Gender (m / f)	
Mail Address:			
State:	Post Code:	e-Mail:	
Tele Home: (   )	Tele Work:	Mobile:	
Next of Kin Name:		Relationship:	
Address:		Telephone:	
<b>Additional data, important to your membership</b>			
Are you a Competent Swimmer ?		<input type="checkbox"/> < Select Yes/No      Note: to meet AOCRA safety requirements, each Club is required to ensure member swimming competency, through certification or testing	
Do you suffer any Medical Conditions ?		<input type="checkbox"/> < Select Yes/No	
If Yes, please discuss with club registrar / head coach, and please list medical conditions and all pre-existing conditions and injuries: (such as asthma, heart condition, blood pressure, diabetes, etc. )			
Condition	Treatment		Year
Do you subscribe to State/Territory Ambulance Service ?		<input type="checkbox"/> < Select Yes/No	If Yes, Please identify which State >
Are you a Member of a private health care fund ?		<input type="checkbox"/> < Select Yes/No	
Do you agree for your details to be used for publication ?		<input type="checkbox"/> < Select Yes/No	
Are you Transferring from another AOCRA Club ?		<input type="checkbox"/> < Select Yes/No	
If Yes, from which Club ?		and please Complete the <b>Club Transfer Form</b>	
Please note your Occupation:			
I hereby acknowledge that I have read and consent to being bound by the AOCRA Indemnity Agreement and the club and to accept the terms, exclusions, conditions and limitations of I.E.A. Sports Injury and Legal Liability Insurance Contract. I have read and understand the AOCRA Anti-Doping Policy as published at <a href="http://www.aocra.com.au">www.aocra.com.au</a>			
My signature below acknowledges that I AGREE UNCONDITIONALLY TO ACCEPT THE TERMS OF THE ABOVEMENTIONED DOCUMENTS			
<b>Approval Signatures</b>			
Paddler Signature:	Date:	Parent / Guardian Signature (If paddler 18 or Under)	Date:
Nominated By:	Zone ID No:	Signature	Date:
Seconded By:	Zone ID No:	Signature	Date:
Club Registrar Signature:	Date:		
Zone Registrar Signature:	Date:	AOCRA Zone / Paddler No.	
<b>Payment Methods</b>			
Cash, or Cheque Payable to:			
Internet Pay Anyone Transfer To:	Account Name	BSB No.	ACCOUNT No.
Please Provide a copy of your Internet Payment Receipt with this Membership form			

## WELCOME TO OUR SPORT

### GENERAL INTRODUCTION

- 1 THERE ARE VERY IMPORTANT POINTS YOU NEED TO BE AWARE OF RELATING TO YOUR INTRODUCTION TO OUTRIGGER CANOEING. IT IS YOUR RESPONSIBILITY TO INFORM YOURSELF AS TO THE AOCRA RULES, DIRECTIONS, CONSTITUTION AND REGULATIONS. YOUR CLUB HAS ACCESS TO ALL THE INFORMATION MENTIONED ABOVE AND WILL BE ABLE TO DIRECT YOU TO FURTHER SOURCES. IF YOU CANNOT GET INFORMATION FROM YOUR CLUB PLEASE ADVISE YOUR ZONE OR AOCRA'S SECRETARY.
- 2 YOU MUST READ AND SIGN THE APPLICATION FORM AND THIS WELCOME INFORMATION FORM TO BECOME A MEMBER. THE APPLICATION BECOMES PART OF THE LEGAL DOCUMENTS SIGNED BY YOU, WHEREBY YOU AGREE TO ABIDE BY THE RULES, DIRECTIONS AND CONSTITUTION OF AOCRA INC.
- 3 WHERE A CHILD IS AGED BETWEEN 10 AND 18 YEARS AND WISHES TO APPLY FOR MEMBERSHIP, A PARENT OR GUARDIAN OF THAT CHILD MUST SIGN ON BEHALF OF THE CHILD AND ACKNOWLEDGE THAT THEY HAVE READ AND AGREED TO BE BOUND BY THE RULES, DIRECTIONS AND CONSTITUTION OF AOCRA INC.
- 4 YOU MUST COMPLETE A **TRANSFER FORM** (F117) IF YOU HAVE BEEN A MEMBER OF ANOTHER AOCRA OUTRIGGER CLUB.

### SAFETY - MANDATORY REQUIREMENTS

see Website:

[www.aocra.com.au](http://www.aocra.com.au)

- 5 YOU MUST MAKE YOURSELF AWARE OF THE SAFETY ISSUES ARISING FROM THE SPORT OF OUTRIGGER CANOE RACING AND OF YOUR RESPONSIBILITIES FOR YOUR OWN SAFETY AND THOSE OF OTHER OUTRIGGER ASSOCIATION MEMBERS. THIS CAN BE DONE BY READING THE TRAINING, REGATTA AND SAFETY RULES, ASKING YOUR CLUB OR YOUR COACH AND TALKING TO OTHER OTHER MEMBERS.

### INSURANCE & INJURY

see Website:

[www.aocra.com.au](http://www.aocra.com.au)

- 6 INSURANCE COVER IS PROVIDED TO AOCRA MEMBERS. THE **IEA BROKERS** LINK ON THE AOCRA WEBSITE HAS MORE INFORMATION.
- 7 BE AWARE IF YOU SUFFER ANY INJURY WHILST PARTICIPATING IN ANY AOCRA EVENT OR SANCTIONED EVENT OR WHILE TRAINING, YOU **MUST** COMPLETE FORM **F118** (available on the website and/or from your club secretary) AND FORWARD IT TO YOUR CLUB SECRETARY TO FORWARD TO AOCRA.  
**THE FORM MUST BE RECEIVED WITHIN 7 DAYS OF THE ACCIDENT OR INJURY OCCURRING.**

### ANTI-DOPING DRUG POLICY

see Website:

[www.aocra.com.au](http://www.aocra.com.au)

- 7 GO TO THE AUSTRALIAN SPORTS DRUG AGENCY (ASDA) LINK VIA THE AOCRA WEBSITE.
- 8 ASK YOUR CLUB FOR INFORMATION ON DRUGS IN SPORT.
- 9 AOCRA HAS AN ANTI DOPING POLICY AND BY BECOMING A MEMBER, YOU AGREE TO BEING RANDOMLY DRUG TESTED AT ANY TIME WHETHER IN OR OUT OF COMPETITION.
- 10 IF YOU TAKE PRESCRIPTION DRUGS (INCLUDING ASTHMA DRUGS) YOU WILL BE REQUIRED TO PROVIDE A MEDICAL DECLARATION FROM TIME TO TIME. PLEASE LEARN WHICH DRUGS ARE ON THE LIST OF BANNED SUBSTANCES.
- 11 YOU SHOULD ASK ABOUT AOCRA'S PREGNANCY IN SPORT POLICY AND READ AOCRA'S RISK MANAGEMENT POLICIES.

### OTHER INFORMATION

see Website:

[www.aocra.com.au](http://www.aocra.com.au)

- 12 THERE IS NOW A LARGE AMOUNT OF OUTRIGGER INFORMATION AVAILABLE WORLD-WIDE. IN ADDITION TO THE AOCRA WEBSITE, IT IS LIKELY YOUR CLUB HAS ITS OWN SITE AND / OR IS LINKED TO VARIOUS ZONE AND WORLD SITES.
- 13 YOUR CLUB IS REGULARLY UPDATED WITH NEWS AND INFORMATION. ASK TO READ YOUR CLUB'S MINUTES. MOST CLUBS NOW COMMUNICATE TO MEMBERS via eMAIL. STAY IN TOUCH, IT IS STRONGLY RECOMMENDED YOU USE eMAIL.
- 14 COPIES OF NATIONAL, ZONE AND CLUB MEETING MINUTES ARE AVAILABLE. JUST ASK YOUR CLUB SECRETARY.
- 15 THE AOCRA WEBSITE ALSO CONTAINS COPIES OF AOCRA'S INDEMNITY AGREEMENTS, CONSTITUTION, RULES, REGULATIONS AND DIRECTIONS. IT IS RECOMMENDED YOU READ THESE DOCUMENTS. IF YOU HAVE NOT GOT ACCESS TO THE INTERNET, SPEAK TO YOUR CLUB ABOUT OBTAINING A PRINTED COPY.
- 16 CONTACT WITH YOUR CLUB, ZONE OR NATIONAL REPRESENTATIVE CAN BE MADE THROUGH THE ORGANISATION SECRETARY. CONTACT INFORMATION IS AVAILABLE ON THE AOCRA WEBSITE.

### YOUR AGREEMENT

**I HAVE READ AND UNDERSTAND THE INFORMATION SUPPLIED. I UNCONDITIONALLY ACCEPT THESE TERMS.**

NAME	SIGNATURE	DATE
PLEASE PRINT		dd / mm / yyyy
PRIMARY CARE GIVER (if Paddler 18 or Under)	SIGNATURE	DATE
PLEASE PRINT		dd / mm / yyyy



AUSTRALIAN OUTRIGGER CANOE RACING ASSOCIATION INC. (AOCRA)

ARB 082 921 784

ABN 20 584 327 165

INDEMNITY AND RELEASE

**All persons seeking membership of an outrigger canoe club, or IF NOT A MEMBER and participating in a SANCTIONED outrigger event, must complete this document.**

I understand that participating in the activities of the **Outrigger Canoe Club Inc** (hereinafter known as "the Club") will be on water and therefore I am required to be a competent swimmer and I also understand that outrigger activity carries with it the inherent risk of physical injury, including serious injury such as permanent disability, paralysis and even death and in undertaking such activities I do so at my own risk.

I am also aware that it is a condition to my participation in any official or sanctioned outrigger event that AOCRA, its officers, employees, representatives, agents, volunteers, instructors, members, or servants are absolved from all liability howsoever arising from injury or damage howsoever caused (whether fatal or otherwise) arising out of my participation in an event or in training, instruction or carriage in any vessel being used for or in connection with outrigger canoe racing or in any way whatsoever due to any negligent act, breach of duty, default and/or omission on the part of AOCRA, its respective officers, employees, representatives, agents, volunteers, instructors, members, or servants.

I am also aware that any person participating in outrigger canoe racing, learning to outrigger, training or being involved with any vessel being used for or in connection with outrigger canoe racing or participating in any activity carried out by AOCRA and **the Club**, are only allowed to do so on the distinct understanding that they do so at their own risk.

**This agreement shall be binding upon and inure to the benefit of the parties, their successors, administrators, assigns and personal representatives.**

In consideration of being allowed to participate in the activities of **the Club**, which includes training for and participating in regattas,

I,..... (Please print FULL NAME)

of ..... Telephone: .....

do HEREBY ACKNOWLEDGE that I have read and understood the warning and indemnity above and agree to release and forever hold harmless from any liability, suit or action howsoever arising AUSTRALIAN OUTRIGGER CANOE RACING ASSOCIATION INC and **the Club**, and their respective officers, employees, representatives, agents, volunteers, instructors, members, or servants in the event of my injury and/or death.

Signed:

Witness

Signed:

Date: ..... / ..... / 200 .....

Name:

(Please Print)

**Signed on behalf of a junior person- under 18**

I consent to the person named in this document to take part in activities with **the Club** and acknowledge that I have read and understand this waiver and agree to release AOCRA and **the Club** and their respective officers, employees, representatives, agents, volunteers, instructors, members, or servants from any liability including **the Club's** acts of negligence to the fullest extent permitted by the law.

**PARENT / PRIMARY CARE GIVER**

Signed:

Witness

Signed:

Name:

(Please Print)

Name:

(Please Print)

Address: .....

<b>AUSTRALIAN OUTRIGGER CANOE RACING ASSOCIATION INC</b> <b>ABN: 20 584 327 165</b>
<b>2 Raintree Court</b> <b>Andergrove Qld 4740</b>
<b>TAX INVOICE</b>

<b>CLUB NAME</b>				
ABN:	Registered for GST	YES	NO	Please Indicate

### DESCRIPTION OF PAYMENT

<b>AFFILIATION FEES</b>	\$330.00
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<b>SENIOR INSURANCE</b>	QTY	X \$60.00	TOTAL
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<b>JUNIOR INSURANCE</b>	QTY	X \$35.00	TOTAL
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<b>OTHER</b>			
<b>Sanctioned event</b>	X \$4.40	per person	

<b>TOTAL</b>	\$0.00
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<b>DATE PAID:</b>	<b>CHEQUE NO:</b>
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PLEASE FORWARD TO:	<b>AOCRA TREASURER</b> <b>MICHELLE LYNES</b> <b>2 RAINTREE COURT</b> <b>ANDERGROVE QLD</b> <b>4740</b>	<b>BANK DETAILS</b> <b>WESTPAC</b> <b>CASTLETOWN</b> <b>BSB: 034241</b> <b>A/C: 161329</b> <b>PLEASE ADD A REFERENCE</b>
FROM:		
ZONE:		
CONTACT:		
ADDRESS:		
PHONE:		

THIS FORM MUST BE COMPLETED BY EACH CLUB AND ATTACHED WITH A CLUB CHEQUE TO ALL PADDLER REGISTRATION FORMS: **SEND DIRECT TO YOUR ZONE REGISTRAR** who then sends this form and the club cheque to AOCRA Treasurer

CHEQUES MADE PAYABLE TO Australian Outrigger Canoe Racing Assoc. Inc

## EMAIL

A copy must also be emailed or posted to the host club **not less than 14 days prior to the regatta date**. Nominations without payment will not be accepted.

SENIOR OC6 NOMINATIONS				JUNIOR OC6 NOMINATIONS					
TEAM NAMES		MARATHON	NOVICE	TEAM NAMES		MARATHON			
				12 & UNDER					
OC6 GOLDEN MASTER MEN									
				14 & UNDER					
OC6 GOLDEN MASTER WOMEN									
OC6 SENIOR MASTER MEN									
				16 & UNDER					
OC6 SENIOR MASTER WOMEN									
OC6 MASTER MEN				18 & UNDER					
OC6 MASTER WOMEN									
				SENIOR OC1 NOMINATIONS					
						short	long	short	long
OC6 OPEN MEN						insert no. of paddlers for each division			
				Golden Master Men					
				Golden Master Women					
				Senior Master men					
				Senior Master women					
OC6 OPEN WOMEN				Master men					
				Master women					
				Open men					
				Open women					
				21 & U men					
OC6 MIXED				21 & U women					
				Mixed relay (2 paddlers)					
				JUNIOR OC1 NOMINATION					
						Marathon (insert no of paddlers only)			
OC6 21 & U MEN				12 & U boys					
				12 & U girls					
				14 & U boys					
OC6 21 & U WOMEN				14 & U girls					
				16 & U boys					
				16 & U girls					
				18 & U boys					
				18 & U girls					
				Fee calculation		Number	Cost	Amount	
SENIOR OC2 NOMINATIONS (insert no of teams)				Senior OC6 teams			\$78.00		
Marathon			Marathon	Junior OC6 teams			\$46.20		
Senior men		Open men		Senior OC1 paddlers			\$11.00		
Senior women		Open women		Junior OC1 paddlers			\$5.50		
Master men		21 & U men		Senior OC2 teams			\$22.00		
Master women		21 & U women		Total payable		GST included			









TAX INVOICE		ABN 20 584 327 165		AOCRA NSW: F102				Send this registration to:							
<b>TEAM/PADDLER MARATHON NOMINATION FORM - OC2</b>															
HOST CLUB _____				REGATTA DATE _____				Secretary _____							
AFFILIATED CLUB _____				TELEPHONE _____				A copy must also be sent to the host club							
CLUB CONTACT _____				EMAIL _____											
This form must be sent at least 7 days prior to the regatta date								OC2				OC2			
								Marathon - Men				Marathon - Women			
Gender	Surname	First Name	Paddler Category eg OW,MM	AOCRA ID	Senior Men	Master Men	Open Men	21 & U Men	Senior Women	Master Women	Open Women	21 & uU Women			

If required, insert additional lines above this line