

SHALOM ROWING MEMBERSHIP FORM 2018



Please return to the Shalom College office along with the forms listed below

Student's name:

Year level:

I have enclosed:

Shalom Rowing Membership Form

Shalom Rowing Uniform Order Form

Shalom College Medical Form

BDSS Code of Behaviour Form

Bundaberg Rowing Club Membership Form

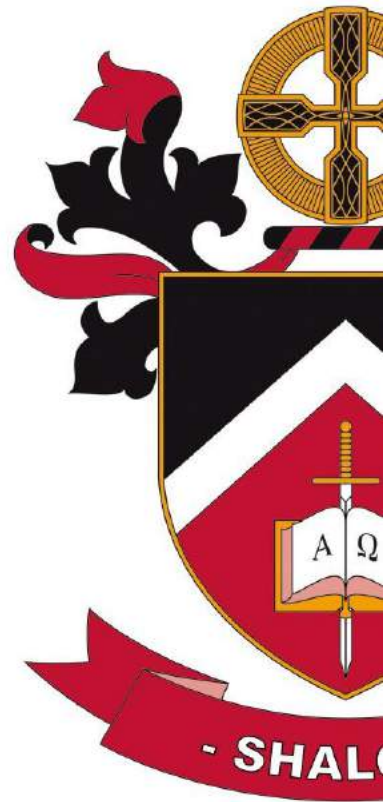
Payment of Bundaberg Rowing Club fees \$ _____

*** Shalom Rowing Supporters Group will subsidise \$25 of each school rower's membership up to June 30 for the 2018 year ***

Payment of Shalom Rowing Uniform \$ _____

*** All NEW rowers for 2018 year will receive a FREE Shalom Rowing Shirt & Hat ***

Total payment enclosed \$ _____



SECURITY & TRAFFIC CONTROL



BUNDABERG RADIOLOGY



WinTech RACING

Swift Racing



SHALOM ROWING MEMBERSHIP FORM 2018



Personal details:

Full name:

DOB: Year/Class:

Contact details:

Being able to contact rowers and parents/carers quickly and effectively is important for keeping everyone informed. Different contact methods are used from time-to-time depending on the type of information being given and the urgency of the message. Please provide as much details as possible.

Parents/carer's name/s 1:

Address:

Phone (home): (work): (mobile):

Parents/carer's name/s 2:

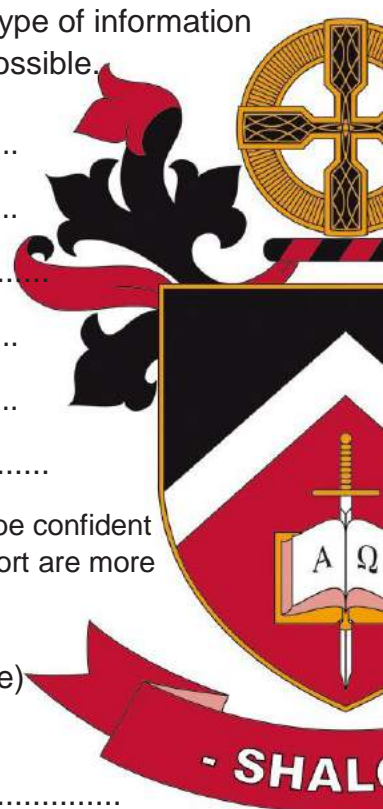
Address:

Phone (home): (work): (mobile):

As rowing is a water based sport it is essential that students are proficient swimmers and be confident in the water. Capsizing of boats can occur to rowers at all levels, but those learning the sport are more likely to experience this. Coaches will be in motorised boats to provide support for rowers.

I certify that (insert student's name) is a proficient swimmer and is confident in the water.

Please print name: Signed (parent/carer):



How can parents make a worthwhile contribution to Shalom Rowing?

Firstly by giving encouragement, showing an active interest in their child's progress and keeping up to date with rowing activities. To obtain maximum benefit from the sport, each crew member should have a commitment to training and participate as often as possible in all rowing activities. The Shalom Rowing program is run largely by a network of parent volunteers. There are a number of ways you can assist with the program and be part of the rowing experience. Please indicate areas where you can assist.

- Assist younger crews get on and off the water at training sessions
- Drive motorised boats for younger coaches.....
- Assist with Shalom Markets fundraising BBQs
- De-rig, rig boats and load/unload boats for regattas
- Assist with the repair and maintenance of boats and equipment
(People with mechanical or general handyman repair experience are valued members of our team)
- Train to become a coach or boat race official



SHALOM ROWING MEMBERSHIP FORM 2018



Bundaberg Rowing Club Membership Fees

Affiliation fees for the 2018 rowing season have been set by the Bundaberg Rowing Club.

ALL FEES ARE TO BE PAID TO THE COLLEGE FINANCE OFFICE.

Cheques are to be made payable to Shalom College.

The school will forward all fees due for Shalom Rowing to the Bundaberg Rowing Club. There is an insurance component for each of the Bundaberg Rowing Club membership fees. All rowers must have this cover prior to commencing the rowing program.

Students will not be able to row unless they are financial members.

Membership type

Bundaberg Rowing Club has various types of membership:

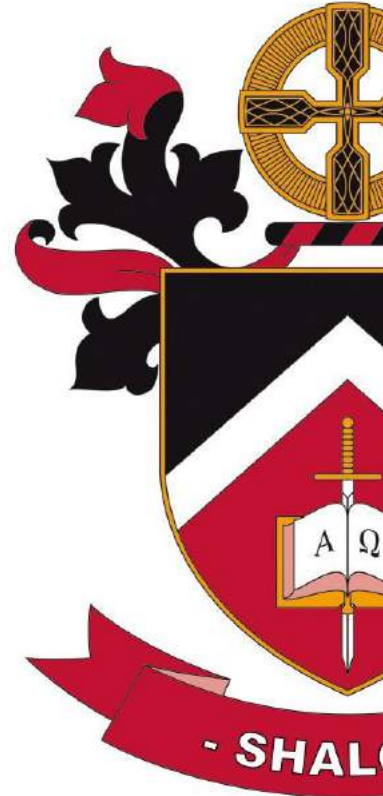
- To row in the local Interschool competition (up to and including Head of River Regatta 2018 and CQ Schools Championship Regatta 2018) as a **Junior Rower up to June 30 costs \$175.**
- If you wish to row until the end of the calendar year (up to December 31, 2018) as a **Junior Rower, full year costs \$350.**

*For the 2018 year, Shalom Rowing Supporters Group will subsidise \$25 of each school rower's BRC Membership up to June 30. Therefore each school rower would pay **\$150 only to Shalom Finance** (for the first 6 months to June 30) with the additional \$25 to be funded from Shalom Rowing funds. Obviously if paying for the full calendar year up front, it would be \$325 only.*

Please select the level of membership required and fees enclosed:

Junior Rower – January 1 to June 30 \$150

Junior Rower – January 1 to December 31 \$325



All NEW rowers for 2018 year will also receive a FREE Shalom Rowing Shirt and Hat. ANY rower wanting a Jacket will need to pay \$60. All existing rowers who require a new Shirt & Hat will need to pay \$60.





ORDER FORM

Name: _____ **Year** _____

Red Rowing Polo and White Cap

New Rower : FREE

Existing Rower : \$60

Shalom Rowing Shirt

Size _____



PS24 Kids' CoolDry® Raglan Short Sleeve Contrast Polo

EASY FIT	4K	6K	8K	10K	12K	14K	16K
Half Chest	38.5	41.0	43.5	46.0	48.5	51.0	53.5
Body Length	52.0	55.0	58.0	61.0	64.0	67.0	70.0

Weight & size measurements are for guidance only



PS19 Ladies' CoolDry® Raglan Short Sleeve Contrast Polo

EASY FIT	8	10	12	14	16	18
Half Chest	46.0	48.5	51.0	53.5	56.0	58.5
Body Length	62.0	64.0	66.0	68.0	70.0	72.0

Weight & size measurements are for guidance only

PS20 Men's CoolDry® Raglan Short Sleeve Contrast Polo

EASY FIT	S	M	L	XL	2XL	3XL	4XL	5XL
Half Chest	53.5	56.0	58.5	61.0	63.5	66.0	68.5	71.0
Body Length	70.0	72.0	74.0	76.0	78.0	80.0	82.0	84.0

Weight & size measurements are for guidance only

{All rowers must have a Shalom Rowing Shirt and Hat (Jacket is OPTIONAL)}

Jacket Size

New Rower : \$60

Existing Rower : \$60



J4U8M/K

- Outer Shell: 100% Polyester Jacquard Microfibre
- Lining: 100% BIZ COOL™ anti-snag diamond mesh

ADULTS MODERN FIT	XS	S	M	L	XL	2XL	3XL	5XL
GARMENT 1/2 CHEST (CM)	58	60	62	64	66	68	70	74
KIDS MODERN FIT	4-6	8	10	12	14			
GARMENT 1/2 CHEST (CM)	45	48	51	54	57			

Jacket will be black and red.

Ordering of **Zoot suit** is ordered through Shalom Uniform Shop.

The cost will be between \$85-\$90

Size is decided by weight and height so they must be accurate

Zoot suit is needed if planning on rowing after Head of the River.

There are some second hand zoot suits available Uniform Shop.

PLEASE PAY AT SCHOOL FINANCE AND RETURN FORM TO SIMON OR ROD AS SOON AS POSSIBLE.

Shalom College
PERMISSION / MEDICAL FORM



Name of Student:

Activity/Excursion: School Rowing

Dear Parents/Guardians,

Please complete and return this Permission/Medical form which is intended to provide the teacher/supervisor with sufficient information to ensure your child's well-being and which, in the event of an accident or injury, can be passed on to appropriate medical authorities for any necessary emergency assistance.

PERMISSION DETAILS

- a) I hereby give permission for my child to participate in the activity as detailed in the letter provided to me. I am aware of the nature of the activity and agree to delegate my authority to the staff and instructors involved.
- b) I consent to the teacher seeking such medical advice on behalf of my child as the teacher sees fit in the event of an accident or sudden illness when the teacher is not able to first contact me. If in such an emergency it is in the opinion of an attending medical or dental practitioner that my child requires medical or dental attention or treatment (including but not limited to the administration of anaesthetic, blood transfusion or the performance of any surgical operation), I consent to such medical or dental practitioner giving such attention or treatment.
- c) I accept that the teachers and instructors will take appropriate disciplinary action necessary to ensure the safety, well-being and successful conduct of the students who participate in the activities associated with the excursion/educational trip.

PARENT CONTACT INFORMATION

Please provide information which would assist the teacher to make speedy contact with you in the event of an accident or injury requiring such contact.

NAME OF PARENT/GUARDIAN:

ADDRESS:.....

HOME PHONE:**WORK PHONE:****MOB:**

ALTERNATIVE CONTACT NAME:

HOME PHONE:**WORK PHONE:****MOB:**

MEDICARE NUMBER:

SIGNED: **DATE:**

PARENT/GUARDIAN

Please turn over to complete medical details

MEDICAL INFORMATION

Select one of the following options:

- I certify that my child does not, to my knowledge, suffer from any illness or disability which might interfere with or inhibit any medical or dental attention or treatment.

OR

- I give notice that my child suffers from the following illness or disability and/or takes medication which might interfere with or inhibit any medical or dental attention or treatment, but certify that to my knowledge, my child does not suffer from any other illnesses or disabilities or take medication which might interfere with or inhibit any medical or dental attention or treatment.

DETAILS:

.....

.....

Is your child on any prescribed medication(s) which would need to be continued during the excursion/educational trip? **YES** [] **NO** []

(If Yes) DETAILS:

.....

.....

Does your child have any allergies (eg insect bites, food)? **YES** [] **NO** []

(If Yes) DETAILS:

.....

.....

Is there any information you would like to give which, in your view, may affect your child's participation in the excursion? **YES** [] **NO** []

DETAILS:

.....

.....

.....

.....

.....



BUNDABERG DISTRICT SCHOOL SPORT

The following code of conduct highlights the level of expected behaviour of students, parents and spectators when participating in or attending Bundaberg District 13-19yrs School Sport (BDSSSS) or affiliated events. Please ensure that you have read and understand this code and associated consequences prior to participating in or attending BDSSSS events. **Please be aware that ignorance of the contents of this Code will not be accepted as an excuse for any breach.**

CODE OF BEHAVIOUR – STUDENT PARTICIPANTS

At Bundaberg District Trials or as a Bundaberg District team member:

- Take responsibility for your own behaviour and performance
- Compete by the competition conditions and rules.
- Never argue with the Judge's, Referee's or Umpire's decision.
- Control your temper – no criticism by word or gesture.
- Work equally hard for yourself and your team – your team's performance will benefit and so will your own.
- Be a good sport. Encourage and support your own team members.
- Show respect for yourself, your team mates, officials, your opponents and their skills.
- Behave in a manner that respects the rights of others
- Smoking, drinking of alcoholic beverages, use of any illegal substances and substance abuse is strictly forbidden.
- Entering or remaining upon restricted licensed premises, unless under the supervision of team officials, is strictly forbidden.
- Wear the official team uniform at all times, as directed by team management/officials.
- Stay in the designated team area and support other team members during times when you are not competing.
- Follow all directions of team management/officials.
- Ensure that you have telephone numbers of team managers with you at all times that you are not with the team.

CONSEQUENCES FOR BREACHES OF THIS CODE BY STUDENTS

Team managers may deal immediately with any breaches of this code by imposing appropriate consequences, including not playing remaining fixtures, notification of parents, and being sent home at your parents' cost. Bundaberg District School Sport (BDSSSS) is responsible for imposing any longer term consequences to your future participation in BDSSSS events.

Students may be notified orally or in writing of a temporary ban from participating or attending BDSSSS fixtures until formal processes are conducted by BDSSSS to determine complaints under this Code.

Students will be afforded natural justice in respect of breaches of this code and for any discipline under the EGPA. Furthermore, BDSSSS may provide a report to your school about your conduct and, as a school representative, you may be subject to discipline in accordance with the *Education (General Provisions) Act 2006* (EGPA).

I, _____, have read and understand the Student Participant's Code of Behaviour and agree to its conditions.

Signed: _____ (Student) Date: _____

Parents' Code of Conduct

- Cooperate with the school to achieve the best outcomes for your child
- Support team and event officials in maintaining a safe and respectful learning environment for all students
- Maintain positive relationships with team officials regarding your child's learning, wellbeing and behaviour
- Encourage participation by your children.
- Provide a model of good sportsmanship for your child to copy.
- Be courteous and constructive in your communication with players, team officials, game officials and sport administrators.
- Encourage honest effort, skilled performance and team loyalty.
- Make any new parents feel welcome on all occasions.
- Do not interfere with the conduct of any events.
- Support School Sport Australia's policy of a smoke and alcohol free environment.

Spectators' Code of Conduct

- Demonstrate appropriate social behaviour at BDSSSS / WBSS events.
- Remember children play for enjoyment; please don't let your behaviour detract from their enjoyment.
- Let game officials conduct events without interference.
- Support skilled performances and team play with generous applause.
- Demonstrate respect for opposing players and their supporters.
- Support our policy of a smoke and alcohol free environment

CONSEQUENCES FOR BREACHES OF THIS CODE BY PARENTS OR SPECTATORS

Team managers and event organisers may deal immediately with any breaches of this code by warning offenders about their conduct, asking offenders to leave venues, and calling police to intervene where necessary. Bundaberg District School Sport is responsible for imposing any longer term consequences such as written warnings, or barring attendance at future events for a period or indefinitely.

Parents and spectators may be notified orally or in writing of a temporary ban from attending BDSSSS fixtures until formal processes are conducted by BDSSSS to determine complaints under this Code. Parents and spectators will be afforded natural justice in respect of breaches of this code.

Parents and spectators should note that it is an offence to insult (meaning "to treat insolently or with contemptuous rudeness, to abuse") an officer of a state educational institution in the presence or hearing of students – s.333(2)(b) Wilful Disturbance, of the *Education (General Provisions) Act 2006* (EGPA). Breaches of this section of the EGPA may result in a complaint being made to police.

I have read the Parents' and Spectators' Code of Conduct, accept the responsibilities contained therein and hereby give consent for my son/daughter, _____ (name) to participate in any competition or trials for _____ (list sport) arranged by or participated in by Bundaberg District School Sport or any affiliated body; this includes Wide Bay Trials.

I also agree:

- that during the period/s of the competitions in which my son/daughter participates, and during travel and other such activities as may be deemed necessary, my son/daughter shall be under the sole direction of the person/s duly appointed in charge of the team/s.
- to pay the levy as set by the BDSSSS Management Committee prior to departure.

Signed: _____ (Parent/ Guardian) Date: _____



BUNDABERG DISTRICT SCHOOL SPORT

STUDENTS WILL NOT BE ABLE TO TRIAL UNLESS THEY HAVE SUBMITTED THIS FORM TO THEIR COACH

STUDENT DETAILS

NAME: (Christian Names) (Surname)

DATE OF BIRTH:

HOME ADDRESS: Post Code:

HOME TELEPHONE NUMBER:

EMERGENCY CONTACT DETAILS:

PRIMARY CONTACT: (Parent/ Guardian 1)

DAY TIME PHONE NUMBER: MOBILE:

SECONDARY CONTACT: (Parent/ Guardian 2)

DAY TIME PHONE NUMBER: MOBILE:

TERTIARY CONTACT: (an alternative contact)

RELATIONSHIP TO STUDENT:

DAY TIME PHONE NUMBER: MOBILE:

DOCTOR'S NAME: PHONE NUMBER:

I do do not give permission for Education Queensland to reproduce photographs, sound or vision (eg. videos or film) taken in the course of my student's representative sporting activities for the purposes associated with the promotion of the activity or Education Queensland.

I do do not give permission for my student to be named in such media that may include team photographs, local media releases and other publications including Internet web sites.

I do do not give permission for this consent form to be used, if my son / daughter, gains selection as a Bundaberg District school representative player to compete at the next level, at a Wide Bay Regional selection trial; realising that this may involve both bus travel and fees.

Signed: _____ (Parent/ Guardian) Date: _____

MEDICAL INFORMATION

- 1. My student has been immunised against? (Please show years immunised if known).
2. Date of last anti-tetanus injection:
3. My student is known to be allergic to:
4. My student suffers / does not suffer from asthma. Medication required:
5. My student is / is not currently taking medication. If so, please give details:
6. Is your student suffering from an injury or condition which is likely to be aggravated by the competition? YES / NO If so, please give details:
7. Any other relevant medical history:

MEDICAL INSURANCE DETAILS

- a. Is your student issued with their own Medicare card? YES / NO
b. If 'NO' please state Medicare card holder's name: (This is the first name on the card)
c. State your student's or family's Medicare Membership No.
d. Does your student have private health cover? YES / NO If 'YES' Health Insurance Company: Membership/ Policy Number:
f. Does your student have Personal Accident Insurance cover against accident/injury for competitions and associated activities (e.g. training, travel)? YES / NO If so, detail the type of cover:

NOTE: It is the responsibility of parents/ guardians to ensure that their student is adequately covered by Medical, Hospital, Dental and Personal Accident Insurance to meet the costs for any illness, accident or unforeseen circumstances which may occur during the period in which their student is engaged in BDSSS associated activities (including travel, training and trials). Bundaberg District School Sport cannot accept financial liability for any of these expenses should they be incurred. Neither, the BDSSS or the Department of Education, Training and the Arts has personal accident insurance cover for students.

I hereby authorise the obtaining on my behalf of such medical assistance as my son/daughter may require in the event of an accident or illness and guarantee to meet any costs incurred. I authorise the administering of anaesthetic if this is deemed necessary by the medical officer attending.

Signed: _____ (Parent/ Guardian) Date: _____

Education Queensland is bound by Information Standard 42- Information Privacy. Education Queensland is collecting the information on this form for the purpose of facilitating the attendance of students at excursions/competitions organised by Bundaberg District Secondary School Sport. The information provided on this form will not be used or disclosed for any other purpose. The information will be held securely and protected against unauthorised access. The information will be provided to staff on a need to know basis and the privacy of the individuals whose information is provided on this form will be respected. If you wish to access or amend the personal information provided on this form, please contact your team coach or manager.



Bundaberg Rowing Club Inc.

Application for Membership

Page 1 of 2

www.bundabergrowingclub.com.au

www.buccarowing.com.au

Name		Mr/ Miss/ Mrs/ Ms/ Other (circle)
Address	Telephone: Home Work MOB
E-mail Address		
Occupation		Date of Birth:

Membership Fees Paid Annually by December 31st

Category of Member	Fee	Term
Junior Rower	\$175 (Includes H.O.R.)	January 1 - June 30
Junior Rower	\$350	January 1 - December 31
Senior Rower	\$395	January 1 - December 31
Learn to Row	\$75	6 Week Course
Coach	\$55	January 1 - December 31
Social Member	\$50	January 1 - December 31
Family Membership	Min 3 Members Refer to Treasurer 0427 007 314	January 1 - December 31
Life Member	\$66 (To Pay Insurance Component with RQ)	January 1 - December 31
Cox	\$50	January 1 - December 31

Please note: You cannot row or use Club facilities until your payment has been received by Auswide Bank and the BRC Registrar has notified you by e-mail with a username and password and/or confirming receipt of your payment. You will then be entitled to row and use BRC facilities.

Boat Storage (only with full years membership) Paid Annually by December 31st

All Members per Boat	\$100	January 1 - December 31
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I hereby apply for membership of the Bundaberg Rowing Club Inc (the club) I declare that the above personal details are correct to the best of my knowledge, that I have read and agreed to the terms and conditions of membership and I tender the appropriate fees necessary for the consideration and acceptance of my application of membership.

Applicants Signature.....Date.....

Parent/Carer consent (if under 18) Name:.....

Cut along line

Boat Storage

If racking a boat you must fill in this section and hand it to the Shed Captain to get a rack and boat number.

Name:	Boat Type:	Contact No:
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Any club member racking a boat at the shed will be given a slot with a number and a boat number. If the owner wants to move the boat into another slot for storage then he/she must apply to the Shed Captain first. Any boat without a Club number will be removed from the shed.

Rack Number:	Boat Number:	Shed Captain	
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Bundaberg Rowing Club Inc.

Application for Membership

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www.bundabergrowingclub.com.au

www.buccarowing.com.au

Payment Details

- Auswide Bank - Sugarlands or Town Branch
 - Payable to Bundaberg Rowing Club
 - (Please attach copy of payment transaction)
 - Membership.
 - Account: Bundaberg Rowing Club inc.BSB:645646.
 - **Account: 105929379**
 - Ref: Surname and Membership.
-
- Boat Storage.
 - Account: Bundaberg Rowing Club inc. BSB:645646
 - **Account: 105728942.**
 - Ref: Surname and Boat Storage.

Payment Details	
Category of Member	
Amount	
Boat Storage Amount	
Total	

Please put your name on the Bank slip as a reference for us. Please note there are two accounts: Membership & Boat Storage.

I agree to be bound by the regulations and codes of conduct of the Club state and national Rowing Australia (located on our website or rowing Queensland website) and agree to abide them in all instances.
 I acknowledge that the sport of rowing has inherent risks and that injuries/losses could occur.
 I accept responsibility for my safety and possessions.
 I am medically and physically fit to participate in rowing as a sport and agree to inform the Club immediately if my fitness/medical condition changes.
 I can swim a minimum of 100 meters fully clothed.
 I have listed below any medical conditions, injury or illness that may affect me when I exercise.
 I agree to consent to necessary medical treatment and agree to pay for any medical treatment costs (including transport by ambulance).
 I agree to waive rights against the Club including Management Committee Members, volunteers, etc.
 I acknowledge that the Club has some limited group personal accident and liabilities insurance policies in place.
 I acknowledge that if a claim is made I am responsible for paying the excess.
 I agree to consider my own personal finances and consider taking out private health insurance, income protection etc.
 I acknowledge that personal information may be given to a relevant third party.
 I acknowledge and consent that photographs, electronic images and sound recordings may be taken and used for promotional purposes of the Club.
 Medical Conditions.....

Signature:.....

Date:.....

The Bundaberg Rowing Club is a volunteer organisation that relies on assistance and participation of its members. Please indicate areas of where you can assist. Boat repair/maintenance. Boathouse cleaning. Coaching. Regatta organisation. Social events. Administration. Canteen at Bucca.

Contact us: Bundaberg Shed: 1 Toonburra Street Bundaberg Queensland 4670 Shed Captain: 0435 586 811
 PO Box2316 Bundaberg Queensland 4670
 Bucca Shed ; 2 Rowing Road Bucca Queensland 4670 Shed Captain: (07) 4157 2734 / 0439 572 735
www.buccarowing.com.au www.bundabergrowingclub.com.au

