



LA TROBE
WATERSKI & WAKEBOARD CLUB
MEMBERSHIP FORM

MEMBER DETAILS:

GIVEN NAME: _____

D.O.B.: _____

SURNAME: _____

MEDICARE NO.: _____

ARE YOU A LA TROBE STUDENT?
(PLEASE CIRCLE)

YES NO

DO YOU HOLD A VICTORIAN BOAT DRIVERS LICENSE?
(PLEASE CIRCLE)

YES NO

DO YOU SUFFER FROM ANY MEDICAL CONDITION(S)
THAT MAY IMPEDE YOUR ABILITY TO UNDERTAKE
WATER SPORTS SAFELY?
(PLEASE CIRCLE)

YES NO

IF YOU ANSWERED YES ABOVE, PLEASE DETAIL:

CONTACT DETAILS:

ADDRESS: _____

PHONE NO.: _____

MOBILE NO.: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT DETAILS:

CONTACT NAME: _____

ADDRESS: _____

PHONE NO.: _____

MOBILE NO.: _____