

1 Contact Details			
Name		PA ID:	
Email		Phone:	

2 Qualification Information									
Please indicate which qualification you are renewing:									
Flatwater	Kayak	Canoe	SUP	Whitewater	Kayak	Canoe	Sea		
Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skills	<input type="checkbox"/>	<input type="checkbox"/>	Intro Sea skills	<input type="checkbox"/>	
Guide	<input type="checkbox"/>	<input type="checkbox"/>		Guide	<input type="checkbox"/>	<input type="checkbox"/>	Enclosed Sea skills	<input type="checkbox"/>	
Instructor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Instructor	<input type="checkbox"/>	<input type="checkbox"/>	Sea skills	<input type="checkbox"/>	
Supervisor	<input type="checkbox"/>	<input type="checkbox"/>		Senior Instructor	<input type="checkbox"/>	<input type="checkbox"/>	Leader	<input type="checkbox"/>	
				Rescue 2	<input type="checkbox"/>	<input type="checkbox"/>	Enclosed Guide	<input type="checkbox"/>	
Coastal							Guide	<input type="checkbox"/>	
Skills	<input type="checkbox"/>						Enclosed Instructor	<input type="checkbox"/>	
Guide	<input type="checkbox"/>						Instructor	<input type="checkbox"/>	
							Senior Instructor	<input type="checkbox"/>	
Assessor				Endorsements					
Sea	<input type="checkbox"/>			Moving water	<input type="checkbox"/>				
Whitewater	<input type="checkbox"/>			Overnight	<input type="checkbox"/>				
Flatwater	<input type="checkbox"/>								

3 Medical Details	
Do you suffer or have suffered from any disease or physical or mental disability (eg epilepsy, diabetes, or permanent disability to a limb, eye or ear) likely to affect your efficiency?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
It may affect your safety and the safety of the public. You should consult your medical practitioner and PA prior to commencing any canoeing activity	

4	Re – registration points table (Current from Jan 2018)				
	An activity cannot be counted twice for the purposes of re-registration. Leadership qualifications require a total of 100 points. Skills qualifications require 50 points, Half points are awarded for any time under 5 hours.				
Category	Description	Points value per day (5+ hours)	Minimum point requirements	Maximum points	Evidence required
1	Personal	4	20 (30 for skills awards)	50	Log entries
2	Instruction / Guiding / Assisting	6	36	60	Log entries
3	Competition	2	nil	20	Log entries Competition results
4	Personal development	4	nil	40	Log entries
5	Conducting PAQS Courses	6	nil	70	Log entries NTP records
6	Assessing PAQS Courses	6	36 – Assessors Only	40	Log entries NTP records
7	Administrative (club committee member etc)	2	nil	20	Log entries Club records

Paddle Australia Qualification Scheme - Fees



Your payment must be included with this form, and accompany the Re-registration forms:

FEE STRUCTURE

Leader Qualifications:

Sea Leader qualification for 3 years	\$70.00 each
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Supervisor Qualifications*:

Registration for 3 years	\$90.00 each
Registration for 3 years (when registering more than 1 qualification at a time)	\$18.00 Subsequent Supervisor Award

Guide and Instructor Qualifications*:

Registration for 3 years	\$170.00 First Award
Registration for 3 years (when registering more than 1 qualification at a time)	\$18.00 Subsequent Qualifications

All other Qualifications:

Registration for 3 years	Free
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PARTICIPANT DETAILS:

Name: _____

*Email: _____

Payment Details:

_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
TOTAL	\$

Payment Method:

Cheque Money Order Credit Card

Payment by credit card:

Paddle Australia is authorised to debit my:

VISA Mastercard AMEX

Card number:

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Expiry date: _____

Name on Card: _____

Signature: _____

*Please note your email address is a compulsory field as we now send out your qualifications via email.

1 Re-registration Application and Declaration

I, _____, hereby apply for registration as a Paddle Australia (PA) Instructor. In so applying and in consideration of my application for registration being accepted I acknowledge and agree that:

1. PA for the purposes of this registration application and declaration means and includes Paddle Australia Incorporated, its members (including State Associations and Affiliated Clubs) and where the context so permits, their respective directors, officers, members, servants or agents.

2. If accepted I will be registered as a PA Instructor.

3. This document cannot be amended. If I do amend it my application will be null and void. It cannot be accepted by PA.

4. I acknowledge that as a PA Instructor, I am an ambassador for PA and agree to present a positive image of myself, PA and the Qualification Scheme.

5. The PA Constitution is a contract between PA and me. I will be bound by it and any Policies, Guidelines or Bylaws made under it. It is necessary and reasonable for promoting PA and paddling. a. For the avoidance of doubt, I acknowledge and agree to comply with the Constitution and Bylaws of PA, in particular the Code of Behaviour in the PA Member Protection By-law; b. I agree to comply with the Safety Guidelines; c. I agree to comply with the PA Minimal Environmental Impact Policy.

6. Warning: Paddling can be inherently dangerous. Serious accidents can and often do happen which may result in me being injured or even killed. I have voluntarily read and understood this warning and accept and assume the inherent risks in paddling.

7. Exclusion of Liability: Except where provided or required by law and such cannot be excluded, I agree that it is a condition of my registration (if accepted) that PA is absolved from all liability however arising from injury or damage however caused (whether fatal or otherwise) arising out of my registration and/or participation in any PA Activity.

8. Release and Indemnity: In consideration of PA accepting my application for registration I: a. Release and forever discharge PA from all Claims that I may have or may have had but for this release arising from or in connection with my registration and/or participation in any PA Activity; and b. Indemnify and hold harmless PA to the extent permitted by law in respect of any Claim by any person arising as a result of or in connection with my registration and/or participation in any PA Activity.

9. In this clause 8 'Claims' means and includes any action, suit, proceeding, claim, demand, damage, penalty, cost or expense however arising but does not include a claim in respect of any action, suit, etc made by any person entitled to make a claim under a relevant PA insurance policy or under the PA Constitution or any By-laws.

10. Fitness to Participate: I declare that I am and must continue to be medically and physically fit and able to participate in any PA Activity. I am not and must not be a danger to myself or to the health and safety of others. I will immediately notify PA in writing of any change to my fitness and ability to participate. I understand and accept that PA will continue to rely upon this declaration as evidence of my fitness and ability to participate.

11. I warrant that all information provided is true and correct.

12. Privacy: I understand that any information I provide to PA is necessary for the Objects of PA. I acknowledge and agree that the information will be used only for the Objects of PA and to provide me with registration services. I understand that I will be able to access my information. If the information is not provided my registration application may be rejected.

13. I acknowledge that PA may also use my personal information in accordance with the PA Privacy By-law. I may advise PA if I do not wish to receive from PA any PA sponsors or third parties' promotional material.

14. Copyright in photographs and right to use: I acknowledge and consent to photographs being taken of me during my participation in PA activities. I acknowledge that the photographs are owned by PA, and that PA may use the photographs for promotional or other purposes without my further consent being obtained.

15. I have read, understood, acknowledge and agree to the above declaration including the warning, exclusion of liability, release and indemnity. I acknowledge that if my application for registration is successful I will be entitled to all benefits, advantages, privileges and services of PA registration.

Signature:

Date: ____/____/____