

Recreation, Sports and Aquatics Club

Supporting lifestyle choices of people living with disabilities



Membership Application Form

First Name	_____	Surname	_____
Address	_____		
	_____	Postcode	_____
Date of birth	_____		
Phone	_____	Mobile	_____
Email	_____		

Please advise any changes to details RSAC at any time

Who to contact in an emergency

Name	_____	Relationship	_____		
Address	_____		Postcode	_____	
Mobile	_____	Phone	_____	E mail	_____
<i>2nd contact name</i>					
Name	_____	Relationship	_____		
Mobile	_____	Phone	_____	E mail	_____

Photographic images of participants are sometimes used for promotional purposes and at events.
Should you not wish to have your image used please tick here.

Volunteers, Coaches and Helpers:

Do you have Working with Children Clearance? Number: _____

Do you have a Police Clearance? : Number: _____

Do you have current First Aid Certificate? Number: _____ Expiry Date: _____

Do you have any other qualifications or experience relevant to your participation with RSAC? Details:

OFFICE USE:

MYOB _____, MAIL _____, MEMREG _____, REG REP _____, EMAIL _____, ACTIVITY/IES _____

Information

Family Doctor's name _____ Phone _____

Medicare Number _____

Private Health Insurance _____ No. _____

Please tick any physical or medical conditions that may be significant and add relevant detail.

Intellectual disability Cerebral palsy Visual impairment Hearing impairment

Speech problems Spinal Problems Mobility problems Nerve/Muscular problems

Skin conditions Asthma Autism Spectrum Disorder ADD/ADHD ODD

Arthritis details: _____ Blood Pressure details: high/low

Diabetes details: _____ Kidney problems details: _____

Heart problems details: _____ Lung problems details: _____

Epilepsy Last seizure _____ Type _____ Frequency _____

Behavioural challenges Known triggers _____

Known Allergies: _____

Other relevant conditions/details: _____

Do you have Down Syndrome Yes/No. If yes, do you have Atlanto Axial Instability Clearance Yes/No.

Release

ADULT (18 and over)

I the undersigned, if I am unable to be consulted in case of emergency or necessity, authorise RSAC on my behalf to take such measures and arrange for such medical and hospital treatment as may be deemed advisable for my health and wellbeing.

Signature _____ Date _____

Printed Name _____

OR

PARENT OR GUARDIAN MEMBER OF MEMBER IF UNDER 18 &/OR USUALLY SIGNS FOR MEMBER

If I am not present at RSAC activity, so as to be consulted in case of emergency or necessity, I authorise RSAC to authorise on my behalf and on my account to take such measures and arrange for such medical and hospital treatment as RSAC may deem advisable for the health and wellbeing of (insert name of member) _____

Signature _____ Date _____

Printed name _____ Relationship _____

Membership payment is due within 4 weeks of joining and 1st January each year.

Pay to your coach/manager or direct deposit to Westpac BSB 032 055 account 277396 & advise RSAC

Recreation Sports and Aquatics Club

Clubrooms: 11 Greenfield Pde Bankstown

Postal address: PO Box 120 Bankstown NSW 1885

Phone/fax: 97905001 Email: rsaclub@bigpond.net.au website: www.disabledsportsac.org.au