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 _____

2nd contact name

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_____

LIVEWORKSHEETS

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.disabledsportrsac.org.au

LIVEWORKSHEETS