



# Recreation, Sports and Aquatics Club

Supporting lifestyle choices of people living with disabilities

## Membership Application Form

PLEASE PRINT CLEARLY

Please advise any changes to details RSAC at any time

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Date of birth \_\_\_\_\_ Phone \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

NDIS if used for RSAC participation. MANAGED: NDIA DIRECT  SELF MANAGED  or

PLAN MANAGED  NAME OF PLAN MANAGER: ..... CONTACT NO: .....

NDIS Number: \_\_\_\_\_ finish date of current plan \_\_\_\_\_

### Who to contact in an emergency?

Emergency contact 1.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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.

If you not wish to have your image used please tick here.

Please tick any conditions that may be significant to participation and add relevant details.

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.

## Information

Family Doctor's name \_\_\_\_\_ Phone \_\_\_\_\_  
Medicare Number \_\_\_\_\_  
Private Health Insurance \_\_\_\_\_ 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 1<sup>st</sup> January each year.

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

INTERPRETER: If you require a interpreter to support your application one can be arranged on request.

### Volunteers, Workers, Coaches and Helpers ONLY:

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: \_\_\_\_\_

National Vulnerable people screening clearance: \_\_\_\_\_

Working with vulnerable people online training accreditation: \_\_\_\_\_

OFFICE USE: MYOB \_\_\_\_, MAIL \_\_\_\_, ATT/VOL \_\_\_\_, REG REPORT \_\_\_\_, SSHEET \_\_\_\_, DATA BASE \_\_\_\_,  
ACTIVITY/IES \_\_\_\_\_

### Recreation Sports and Aquatics Club

Clubrooms: 11 Greenfield Pde Bankstown

Postal address: PO Box 120 Bankstown NSW 1885

Phone: 97905001 Email: [rsaclub@bigpond.net.au](mailto:rsaclub@bigpond.net.au) website: [www.disabledsportsac.org.au](http://www.disabledsportsac.org.au)