



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 PLAN MANAGER SELF

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 _____

Participant's information is only shared for the purposes for which this application is provided.
(The only exception is where information must be shared to ensure participant safety).

Consent is given to share information about the participant with:

Mother Father Other (detail) _____

Photographic images of participants are sometimes used for promotional purposes and at events.

If you **DO NOT** wish to have your image used please tick here.

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

Intellectual disability Cerebral palsy Visual impairment Hearing impairment

Speech problems Mobility problems Autism Spectrum Disorder ADD/ADHD ODD

Skin conditions Asthma Autism Spectrum Disorder ADD/ADHD ODD

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: _____

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 1st January each year.

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

From July 2019: National Vulnerable people screening clearance: _____ &

Working with vulnerable people online training certification: _____

OFFICE USE: MYOB ____, MAIL ____, ATT/VOL ____, REG REPORT ____, EMAIL/ENEWS ____, DATA BASE _____,
ACTIVITY/IES _____

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