

New Horizons Club Tas – Registration Form

IMPORTANT: It is the responsibility of the participant (or parent/legal guardian) to update information provided on this form as necessary, e.g. if a change of diagnosis occurs or if contact details change. New Horizons Club records the contact details provided by you in this document and cannot be held responsible for unsuccessful communication attempts (telephone, mail or email) if the details are incorrect.

Eligibility Criteria for New Horizons Club programs

Whilst the judgement of the person themselves and their parents/caregivers or referring body will be taken into consideration, the final decision regarding acceptance to New Horizons Club programs is at the discretion of the New Horizons Club and may be subject to change.

1. Participant details

Given name:		Family Name:	
Address:		Suburb:	
State:	Postcode:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth:
Telephone: (home)		(work)	(mobile)
Email:		Receive Newsletter/updates via email: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Language(s) spoken at home:		Country of Birth:	

Do you wish to be recognised as:

Culturally and Linguistically Diverse background (CALD) Yes <input type="checkbox"/> No <input type="checkbox"/>	Aboriginal Yes <input type="checkbox"/> No <input type="checkbox"/>
	Torres Strait Islander Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you wish to have religious or cultural beliefs taken into consideration in relation to attending Inclusive New Horizons Clubs programs? Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If 'Yes' please provide details:</i>

Do you wish to disclose any of the following disabilities:

<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Developmental Delay	<input type="checkbox"/> Down Syndrome
<input type="checkbox"/> Illness/medical	<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Physical Disability
<input type="checkbox"/> Sensory disability	<input type="checkbox"/> Speech & Language Delay	
<input type="checkbox"/> Other (please provide details):		
<i>If Down Syndrome, do you have neck instability?</i>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Method of communication (e.g. verbal, sign etc):
Support Level (e.g. low, medium or high):
Behaviour support required:

Will you be accompanied to your activity/lessons by parent/s or carer/s? Yes <input type="checkbox"/> No <input type="checkbox"/>
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NOTE: All participants under the age of 18 years MUST be accompanied by a responsible adult.

Name of school/workplace:

2. Carer Details

Name of Primary Carer:	Parent <input type="checkbox"/> Carer <input type="checkbox"/> Guardian <input type="checkbox"/>	
Relationship to Participant (e.g. parent, sibling, friend etc):		
Address (if different to participant):		
Telephone: (home)	(work)	(mobile)
Email:		

3. Details of Referring Body

Name of Referring Body:	
Contact Person:	Telephone:

Address:
Email:

5. Sport and Recreation interests

Please tick/list the sport or recreation activities which you are interested in:

<input type="checkbox"/> Aussie Rules Football	<input type="checkbox"/> Bocce	<input type="checkbox"/> Cricket Indoor or Outdoor
<input type="checkbox"/> Athletics	<input type="checkbox"/> Futsal / Soccer	<input type="checkbox"/> Indoor & Lawn Bowls
<input type="checkbox"/> Netball	<input type="checkbox"/> Swimming	<input type="checkbox"/> Tennis
<input type="checkbox"/> Tenpin Bowling	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Boccia
<input type="checkbox"/> Basketball	<input type="checkbox"/> Fitness Classes	<input type="checkbox"/> Social Events
<input type="checkbox"/> Golf	<input type="checkbox"/> Taekwondo	<input type="checkbox"/> leisure weekends or trips
<input type="checkbox"/> Song & Dance	<input type="checkbox"/> Craft	<input type="checkbox"/> Art programs ie photography, art
Other sport or recreation interests:		

NDIS number:	(if applicable)
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MEDICAL INFORMATION

IMPORTANT: Some details may be forwarded to our funding bodies for statistical purposes only. Names and personal contact details will not be used for this purpose. INFORMATION HEREIN IS STRICTLY CONFIDENTIAL.

Emergency Contact Details

The emergency contact should be someone who is easily contactable and whom you trust to make a decision on your behalf. This person must be aware that you have nominated them as a contact.

Emergency Contact Name:
Relationship to member (e.g. parent, sibling, carer etc):
Telephone: (home) _____ (work) _____ (mobile) _____

Participant Information

In the case of a severe injury/medical emergency, a staff member will call an ambulance. The participant (or their family) must agree to pay all associated costs involved.

Doctor's details	Name:	
	Clinic:	Telephone:
Dentist's details	Name:	
	Clinic:	Telephone:
Do you have epilepsy*? Yes <input type="checkbox"/> (provide details below) No <input type="checkbox"/> (go to next question)		
Date of last seizure:	Frequency of seizures:	
Type of seizures:	Pre-seizure behaviour:	
Do you have asthma*? Yes <input type="checkbox"/> (provide details below) No <input type="checkbox"/> (go to next question)		
Date of last attack:	Frequency of attacks:	
Is there anything that triggers your attacks?		

YOU MUST BRING YOUR PUFFER/INHALER TO EVERY ACTIVITY

***Please note: A copy of your 'medical action plan' must be returned with this medical form.**

Do you take any medication? Yes <input type="checkbox"/> (provide details below) No <input type="checkbox"/> (go to next question)		
What medication are you taking?	What is the medication for?	How does the medication affect you?

Do you have any medical conditions/needs that New Horizons Club needs to know about? Please specify.

Medical Condition	Yes	No	Special Instructions	Emergency Action
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Loss of consciousness/blackouts	<input type="checkbox"/>	<input type="checkbox"/>		
Heart condition	<input type="checkbox"/>	<input type="checkbox"/>		
Sensory disorder, eg hearing loss	<input type="checkbox"/>	<input type="checkbox"/>		
Respiratory disorder	<input type="checkbox"/>	<input type="checkbox"/>		
Allergies	<input type="checkbox"/>	<input type="checkbox"/>		
Other relevant medical information	<input type="checkbox"/>	<input type="checkbox"/>		

Religion/Culture: (Please indicate your cultural/religious beliefs, should this impact on your medical attention)

Is there ANYTHING else you would like to tell us about yourself (or your Carer)?

E.g. method of communication, mobility, behaviour etc. Please specify.

CONSENT TO PARTICIPATE

I (member applying) or
I give permission for
(responsible person)

to participate in

New Horizons Club Activities

I the undersigned, in making this application agree that coaches, volunteers and appointed leaders and the club are free and clear of all responsibility whatsoever for any accident or incident arising during New Horizons Club (the Club) activities. I further authorise the said club that, in the event of such an accident or incident, to obtain necessary medical aid or other assistance required, and I agree to meet any expense attached thereto. I give authorisation to New Horizons Club Inc to release medical information to staff, coordinators and/or volunteers associated with the sport/project and any emergency medical staff (e.g. ambulance officers etc) in case of an emergency.

I further declare that I am in good health and agree to advise the Club immediately in the event of contracting any ailment likely, or considered likely, to be detrimental to the health of other members. I further agree that if I commit any act of misconduct that, in the opinion of the Board of Management, is detrimental to the good name of the Club, I will be liable to have my membership terminated or suspended. I clearly understand that I am making application of membership and, as such, accept responsibility for my actions and accept that there is a risk of injury attached to any activity undertaken, and therefore absolve New Horizons Club of any responsibility.

CODES OF BEHAVIOUR

- I acknowledge that all sports/activities which are coordinated and supported by New Horizons Club Inc follow the CODES OF CONDUCT. *Copies are available from the New Horizons Club office.*
- I agree to follow the CODES OF CONDUCT as stated above (which also includes supporters associated with my participation, e.g. family and friends).
- I agree that New Horizons Club Inc or Venue management have the right to exclude participants (and supporters) who do not abide by the CODES OF CONDUCT.

CONSENT FOR USE OF PHOTO AND NAME

I consent to be filmed, photographed and/or named for New Horizons Club promotional purposes, e.g. radio, newspapers, New Horizons Club newsletter etc?	Yes <input type="checkbox"/> No <input type="checkbox"/>
I consent to have my photo and/or name used in New Horizons Club social media, e.g. Facebook?	Yes <input type="checkbox"/> No <input type="checkbox"/>

RELEASE OF INFORMATION AND WITHDRAWAL OF SAME

I hereby authorise New Horizons Club Inc to obtain/release written or verbal information regarding me in relation to participation in any New Horizons Club sport/activity and for the release of information requested by relevant funding or government bodies, for periodic service appraisals.

I hereby acknowledge that I **may withdraw the above consent** at any time by giving notice to New Horizons Club Inc. I understand that withdrawal of consent will not result in loss of service, however may affect New Horizons Club's ability to effectively deliver services.

<i>If you do not wish to authorise consent, please tick:</i>	I do not authorise <input type="checkbox"/>
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FINAL CHECKLIST - I have:

1. Completed the Registration Form, including the Medical and Consent Form requirements to the best of my ability.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Read the Consent to Participate, Codes of Behaviour, Consent for use of Photo and Name, and all policies, procedures and Guidelines relevant to the activity in which I wish to participate.	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Read and understood the Release of Information & Withdrawal of Same section.	Yes <input type="checkbox"/> No <input type="checkbox"/>

This document must be signed prior to you participating in an New Horizons Club Inc activity. If the participant is under the age of 18 years, the parent/legal guardian MUST sign this form.

Signed:	Witness:
Date:	(please print name)

If unable to give informed consent signature is required from person responsible.

I the person responsible have explained to applicant the registration form;

Person responsible/Guardian Signed:	
Date:	(please print name)

IMPORTANT: This information must be returned to the New Horizons Club office **PRIOR TO PARTICIPATION**. If you need assistance in completing this form, please contact the Club on **036326 3344**.

Annual Membership Fees: Junior Membership U/16 \$25.00

Adult Membership \$30.00

Family Membership \$50.00

RETURN COMPLETED FORM:

Mail: New Horizons Club Inc; P.O Box 49, Mowbray Tas 7248

Email: info@newhorizonsclub.org.au

Fax: 03 6326 3544

For office use only checklist:

Date received: by:	Approval date:	Paid \$ on / /
<input type="checkbox"/> welcome letter sent	<input type="checkbox"/> membership confirmation sent	<input type="checkbox"/> TASDIS
<input type="checkbox"/> House :	<input type="checkbox"/> email contacts set up	<input type="checkbox"/> entered into database