

New Horizons Tasmania – Family 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 Tasmania 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 Tasmania 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 Tasmania programs is at the discretion of the New Horizons Tasmania 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:	
Covid Vaccinations Status:		Fully Vaccinated Yes <input type="checkbox"/> No <input type="checkbox"/>	
*** (A copy of your COVID Vaccination certificate must be supplied with this form)			

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 Tasmania's programs? Yes No
If 'Yes' please provide details:

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"/> Cerebral Palsy
<input type="checkbox"/> Other (please provide details):		
If Down Syndrome, do you have neck instability?		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 No

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"/>	
	<input type="checkbox"/> Other	
Address (if different to participant):		
Telephone: (home)	(work)	(mobile)

Email:

3. Details of Referring Body

Name of Referring Body:	
Contact Person:	Telephone:
Address:	
Email:	

4. 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 / Trampolining	<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
<input type="checkbox"/> Netball	Other sport or recreation interests:	

NDIS number: (if applicable)

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.

5. 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)

6. 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 Tasmania needs to know about? Please specify -

Medical Condition	Yes	No	Special Instructions	Emergency Action
Loss of consciousness/blackouts	<input type="checkbox"/>	<input type="checkbox"/>		
Heart condition	<input type="checkbox"/>	<input type="checkbox"/>		
Sensory disorder, e.g. 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)
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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.

7. CONSENT TO PARTICIPATE

I (member applying) _____
or _____
I give permission for _____
(responsible person) _____ to participate in _____ New Horizons Tasmania 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 Tasmania activities. I further authorise New Tasmania 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 Tasmania 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 New Horizons Tasmania 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 New Horizons Tasmania, 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 Tasmania of any responsibility.

8. CODES OF BEHAVIOUR

- I acknowledge that all sports/activities which are coordinated and supported by New Horizons Tasmania follow the CODES OF CONDUCT.
- 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 Tasmania or Venue management have the right to exclude participants (and supporters) who do not abide by the CODES OF CONDUCT.

9. CONSENT FOR USE OF PHOTO AND NAME

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

10. RELEASE OF INFORMATION AND WITHDRAWAL OF SAME

I hereby authorise New Horizons Tasmania to obtain/release written or verbal information regarding me in relation to participation in any New Horizons Tasmania 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 Tasmania. I understand that withdrawal of consent will not result in loss of service, however may affect New Horizons Tasmania'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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11. Other Family Members

Name:..... Date of Birth:.....

Email:..... Mobile:.....

Covid Vaccinations Status: Fully Vaccinated Yes <input type="checkbox"/> No <input type="checkbox"/> Booster Yes <input type="checkbox"/> No <input type="checkbox"/>
*** (A copy of your COVID Vaccination certificate must be supplied with this form)

Name:..... Date of Birth:.....

Email:..... Mobile:.....

Covid Vaccinations Status: Fully Vaccinated Yes <input type="checkbox"/> No <input type="checkbox"/> Booster Yes <input type="checkbox"/> No <input type="checkbox"/>
*** (A copy of your COVID Vaccination certificate must be supplied with this form)

Name:..... Date of Birth:.....

Email:..... Mobile:.....

Covid Vaccinations Status: Fully Vaccinated Yes <input type="checkbox"/> No <input type="checkbox"/> Booster Yes <input type="checkbox"/> No <input type="checkbox"/>
*** (A copy of your COVID Vaccination certificate must be supplied with this form)

Name:..... Date of Birth:.....

Email:..... Mobile:.....

Covid Vaccinations Status:	Fully Vaccinated Yes <input type="checkbox"/> No <input type="checkbox"/>	Booster Yes <input type="checkbox"/> No <input type="checkbox"/>
*** (A copy of your COVID Vaccination certificate must be supplied with this form)		

Name:..... Date of Birth:.....
 Email:..... Mobile:.....

Covid Vaccinations Status:	Fully Vaccinated Yes <input type="checkbox"/> No <input type="checkbox"/>	Booster Yes <input type="checkbox"/> No <input type="checkbox"/>
*** (A copy of your COVID Vaccination certificate must be supplied with this form)		

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 a New Horizons Tasmania 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 a signature is required from a person responsible.
 I the person responsible have explained to applicant the registration form;

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

Member's Code of Conduct

New Horizons Tasmania is committed to upholding the highest ideals of sport and recreation. All members participating in activities are to abide by the following code.

Sportsmanship

- I will practice good sportsmanship
- I will act in ways that bring respect to me, my coaches, my team and New Horizons Tasmania
- I will not use bad language
- I will not swear or insult other persons
- I will not fight with other members/athletes, coaches, volunteers or staff.

Training and Competition

- I will train regularly
- I will learn and follow the rules of my sport
- I will listen to my coaches and the officials and ask questions when I do not understand
- I will always try my best during training, divisioning and competitions
- I will not "hold back" in preliminary competition just to get into an easier finals competition division.

Responsibility for My Actions

- I will not make inappropriate or unwanted physical, verbal or sexual advances on others
- I will not smoke in non-smoking areas
- I will not drink alcohol or use illegal drugs at New Horizons Tas sports events
- I will not take drugs for the purpose of improving my performance
- I will obey all NHT constitutions and rules as well as the Australian governing body's rules for my sport(s).

I understand that if I do not obey this code of conduct, I will be subject to a range of consequences by the NHT Board of Management for a competition, up to and including not being allowed to participate.

<i>Member's Name:</i>	<i>Signed:</i>	<i>Date:</i>
<i>Witness Name:</i>	<i>Signed:</i>	<i>Date:</i>

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

Annual Membership Fees:	5 – 11 years require a Family Membership	\$70.00
	Junior Membership (12 – 16 years)	\$34.00
	Adult Membership	\$40.00
	Family Membership	\$70.00

RETURN COMPLETED FORM:

Mail: New Horizons Tasmania - P.O Box 49, Mowbray Tas 7248

Email: info@newhorizonstas.org.au

For office use only checklist:

Date received:	By:	Paid \$ on / /
<input type="checkbox"/> entered into Salesforce	3 Month Probation period end date	/ /
<input type="checkbox"/> welcome letter sent	<input type="checkbox"/> SF Task created for end of probation letter	
<input type="checkbox"/> emailed to Board	<input type="checkbox"/> Final approval letter sent	