Family Membership Registration Form

1. Participant Details

Given Name:		**Family Name:**	
Address:		**Suburb:**	
State: TAS	**Postcode:**	**Date of Birth:**	
Gender:	Male ☐ Female ☐	Another term (please specify):	Prefer not to say ☐
Telephone: (home)	(work)	(mobile)	
Email:			
Receive Newsletter/updates via email: Yes ☐ No ☐			
Language(s) spoken at home (other than English)**:**			
Country of Birth:			
NDIS Number (if applicable):			
Support Coordinator:			
Support Organisation/provider:			
Covid Vaccinations Status*: **Fully Vaccinated** Yes ☐ No ☐ **Booster** Yes ☐ No ☐			

*Replying to this question is optional.

Media Consent

Do you consent to be filmed, photographed and/or named for New Horizons Tasmania promotional purposes, e.g. radio, newspapers, New Horizons Tasmania newsletter etc?	Yes ☐ No ☐
Do you consent to have your photo and/or name used in New Horizons Tasmania social media, e.g. Facebook?	Yes ☐ No ☐

Do you wish to be recognised as:

Culturally **a**nd **L**inguistically **D**iverse background (**CALD**)
Yes ☐ No ☐

Are you of Aboriginal or Torres Strait Islander origin:

☐ No	☐ Yes, Torres Strait Islander
☐ Yes, Aboriginal	☐ Yes, both Aboriginal and Torres Strait Islander

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:

☐ Autism Spectrum Disorder	☐ Developmental Delay	☐ Down Syndrome*
☐ Illness/Medical	☐ Intellectual Disability	☐ Physical Disability
☐ Sensory disability	☐ Speech & Language Delay	☐ Cerebral Palsy
☐ Other (please provide details):		

***Do you have neck instability?** Yes ☐ No ☐

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

Will a parent or support worker come with you to NHT programs?	Yes □ No □

NOTE: All participants under the age of 18 years MUST be accompanied by a responsible adult.

Name of current school/workplace (if applicable)**:**

Are you a member of a mainstream sporting club? (if yes please provide details)

No □	Yes □ *(If, yes please list below)*

Person responsible for invoices/payments

Please provide details of the person/organisation responsible for the payment of accounts.

Name:
Relationship to member (e.g. parent, sibling, carer, NDIS Provider etc):
Email:
Telephone:

2. Emergency Contact Details

The emergency contact should be a trusted person who is easily reachable and capable of making decisions 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
Email:		

3. 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.

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 □ (provide details below)	No □ (go to next question)	

Date of last seizure:	Frequency of seizures:
Type of seizures:	Pre-seizure behaviour:
Do you have asthma*?	
Yes □ (provide details below) **If yes, you must bring your puffer/inhaler to every activity**	No □ (go to next question)
Date of last attack:	Frequency of attacks:
Is there anything that triggers your attacks?	

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

Do you take any medication?		
Yes □ (provide details below)	No □ (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	□	□		
Heart condition	□	□		
Sensory disorder, e.g. hearing loss	□	□		
Respiratory disorder	□	□		
Allergies	□	□		
Other relevant medical information	□	□		

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 below.

4. Carer Details

Name of Primary Carer:	
Parent ☐ Carer ☐ Guardian ☐	Other☐ (please specify):
Address (if different to participant):	
Telephone: Home Work Mobile	
Email:	

5. Details of Referring Body (if applicable)

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

6. Sport and Recreation interests

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

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

IMPORTANT INFORMATION

It is your job (or your parent's or guardian's job) to tell New Horizons Tasmania if any of your information changes, for example, if:

- You get a new diagnosis, or
- Your phone number, address or email changes.

New Horizons Tasmania uses the contact details you give us. We can't be responsible if we can't contact you because your details are wrong or out of date.

We will listen to your views and your parents, caregivers, or the person who referred you. However, New Horizons Tasmania will make the final decision about whether you can take part in our organisation. This decision may change over time.

7. Consent

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

to participate in New Horizons Activities.

About this form

This form tells you what you agree to when you become a member of **New Horizons Tasmania**.

Please read it carefully before you sign.

1. **Taking part in activities**
   When I join in New Horizons Tasmania activities, I understand there is a small chance I could get hurt or something could go wrong.
   I understand this and still choose to take part.
   I agree that New Horizons Tasmania, its staff, coaches and volunteers are not responsible if I get hurt or something happens, unless they did something wrong or were careless.
2. **If I get hurt or sick**
   If I have an accident or get sick while at an activity, I give permission for New Horizons Tasmania to get me medical help.
   I agree to pay any costs for this help (for example, ambulance or doctor fees)
3. **Sharing my personal/medical information**
   I give permission for New Horizons Tasmania to share personal/medical information about me with:
   - Staff, coaches or volunteers who need to know
   - Emergency workers like ambulance officers, if needed

   I understand that I can take back my permission at any time by telling New Horizons Tasmania. Taking back my permission will not stop me from receiving services, but it may make it harder for New Horizons Tasmania to provide some services effectively.

If you do not wish to authorise consent, please tick:	**I do not authorise ☐**

4. **My health**
   I confirm that I am in good health.
   If I get sick with something that might make other members sick, I will tell New Horizons Tasmania straight away.
5. **My behaviour**
   I agree to always behave in a kind and respectful way.
   If I do something wrong or behave badly, I understand that my membership may be suspended or cancelled by the Board of Management.
6. **Understanding what I am signing**
   I understand what this form means, and I take responsibility for my actions when I take part in activities.

Member's Code of Conduct

New Horizons Tasmania (NHT) is committed to upholding the highest ideals of sport and recreation. All members participating in activities are to abide by the Member's Code of Conduct (Code).

In accordance with the expectations of the Code and in agreeance with the spirit and intent of the Code, I agree to abide by, and undertake to do the following:

Sportsmanship

- I will practice good sportsmanship;
- I will act in ways that bring respect to me, my coaches, my team and NHT;
- I will not use bad language;
- I will not swear or insult other persons; and
- 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; and
- 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 or in NHT or State or National uniforms;
- I will not drink alcohol, use illegal drugs or gamble at any NHT sports and recreation programs;
- I will not attend NHT events if I have Covid like symptoms or have tested positive to Covid;
- I will not take drugs for the purpose of improving my performance; and
- I will obey all NHT constitutions and rules as well as the Australian governing body's rules for my sport(s).
- I will respect the rights, dignity and worth of all people involved in the Sport, regardless of their gender, ability and cultural background.

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.

Member's Name:	*Signed:*	*Date:*
Witness Name:	*Signed:*	*Date:*

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. Other Family Members

Name:		**Date of Birth:**
Email:		**Phone:**
Covid Vaccinations Status*:	**Fully Vaccinated** Yes ☐ No ☐	**Booster** Yes ☐ No ☐

*Replying to this question is optional.

Name:		**Date of Birth:**
Email:		**Phone:**
Covid Vaccinations Status*:	**Fully Vaccinated** Yes ☐ No ☐	**Booster** Yes ☐ No ☐

*Replying to this question is optional.

Name:		**Date of Birth:**
Email:		**Phone:**
Covid Vaccinations Status*:	**Fully Vaccinated** Yes ☐ No ☐	**Booster** Yes ☐ No ☐

*Replying to this question is optional.

Name:		**Date of Birth:**
Email:		**Phone:**
Covid Vaccinations Status*:	**Fully Vaccinated** Yes ☐ No ☐	**Booster** Yes ☐ No ☐

*Replying to this question is optional.

Name:		**Date of Birth:**
Email:		**Phone:**
Covid Vaccinations Status*:	**Fully Vaccinated** Yes ☐ No ☐	**Booster** Yes ☐ No ☐

*Replying to this question is optional.

FINAL CHECKLIST - I have:

1. Completed the Registration Form, including the Medical and Consent Form requirements to the best of my ability.	Yes ☐ No ☐
2. Read the Consent to Participate, Codes of Conduct, Consent for use of Photo and Name, and all policies, procedures and Guidelines relevant to the activity in which I wish to participate.	Yes ☐ No ☐
3. Read and understood the Release of Information & Withdrawal of Same section.	Yes ☐ No ☐
4. Provided a copy of my medical action plans (if applicable)	Yes ☐ No ☐

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

Person responsible/Guardian:			
Date:		**(Signature)**	**(please print name)**

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 **03 6326 3344**.

Annual Membership Fees:	**Price**
5-14 years requires a Family Membership	$80.00
Junior Membership (14-16) Years	$35.00
Adult Membership	$45.00
Family Membership	$80.00

Payment can be made:

In person – at 292-294 Invermay Road, Mowbray
Over the phone – 6326 3344
Direct Deposit – New Horizons Tasmania
BSB – 067 601
Account – 1045 7417

Return Completed Form

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

Email: info@newhorizonstas.org.au

For office use only:

Date received:	By:	Paid $ on / /
☐ entered into Salesforce	3 Month Probation period end date / /	
☐ welcome letter sent	☐ SF Task created for end of probation letter	
☐ emailed to Board	☐ Final approval letter sent	