

MEMBERSHIP APPLICATION

TYPE OF MEMBERSHIP REQUIRED:

- Ordinary – Active Senior Member with voting rights (concession held)
- Junior – Active Junior Member (under 19) with no voting rights
- Associate – Inactive Member / Supporter with no voting rights
- Family – 2 Adults & 2 Juniors or 1 Adult & 3 Juniors / voting rights for Adults only

PERSONAL DETAILS:

Title: (optional) _____ Name: _____
(Given Names) (Surname)

Name of Parent or Guardian if under 18 years: _____

Address: _____

Telephone: Home: _____ Work: _____ Mob: _____

Email: _____

Date of Birth: _____ Current Age: _____

How did you hear about us? Referral Friends Website Media Other: _____

Optional Information:

Occupation: _____ Qualification: _____

Area of Expertise/Skill: _____ Coaching Accreditation: _____

DISABILITY INFORMATION:

Which category best describes your disability?

- None, Able-bodied
- Spinal Injury / Condition: Type: _____
(I.e. quadriplegic C6, Paraplegic T10, Spina Bifida T12)
- Amputee: Above Knee. Left/Right Below Knee. Left/Right
 Above Elbow. Left/Right Below Elbow. Left/Right
- Cerebral Palsy
- Acquired Brain Injury
- Vision Impairment
- Les Autres (other physical disabilities, e.g., Multiple Sclerosis, dwarfism): _____
- Other (e.g. Hearing Impairment, joint replacement, transplant etc): _____

Cause of Disability: _____ Date Acquired: _____

Mobility Aids:

- | | | |
|---|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Electric Wheelchair |
| <input type="checkbox"/> Crutches / Stick | <input type="checkbox"/> AFO | <input type="checkbox"/> Walking Frame |
| <input type="checkbox"/> Prosthetic | <input type="checkbox"/> Guide Dog | <input type="checkbox"/> White Cane |

SPORTING INTERESTS: Please tick the sports you are interested in:

The information provided will enable us to keep you updated about your sporting interests.

- Archery Athletics (Track) Athletics (Field) Basketball Boccia
 CP Soccer Cue Sports Fishing Golf Handcycling
 Kayaking Push and Powered sports (Sports for manual and electric wheelchairs)
 Rugby Lawn Bowls Swimming Table Tennis Target Shooting
 Tennis Ten Pin Bowling Social Clubs Stumpy's Whizz Kidz

Recreational Interests:

I am currently active in: (e.g. Basketball, Swimming etc): _____

Please list any major sporting events participated in / attended in the last 12 months:

| Event/Sport: | Date / Period: | Results / Comments: |
|--------------|----------------|---------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Sport Specific Classification (if known): _____

VOLUNTEERS

We are always looking for Volunteers to help us in a wide range of activities, from helping in the office (mail outs and maintenance), to helping with regular sporting programs and major events. Members are encouraged to offer their services as a volunteer.

I would like to volunteer to assist DRSSA.

My preferred areas are: _____

My days available are: _____ Weekends: Y / N _____

MEMBERSHIP:

I hereby apply for Membership and agree to abide by the rules of the **Disability Recreation & Sports SA**.

Signature _____ **Date:** _____
 (Parent or Guardian to sign for Junior Member)

OFFICE USE ONLY

Date Rec'd: ____ / ____ / ____ Amt Rec'd: \$ _____ Date Banked: ____ / ____ / ____

Membership Type: _____ Membership No.: _____

Key Medallion No.: _____ Key Medallion Pack sent: ____ / ____ / ____

INDEMNITY

I, the undersigned, hereby agree that Disability Recreation & Sports SA or any member/person or associated body associated in any way with the conduct or participation in any program or event run by or on behalf of Disability Recreation & Sports SA (all persons bodies are jointly included in the terms "the indemnified") shall not be deemed responsible or liable in any way for injury, illness or other mishap, to me sustained in arising from or out of or in any way directly or indirectly connected with any travelling, training, competing, recreation participation or attendance of whatsoever nature held during my membership of the Association.

I, hereby indemnify the indemnified against any actions, suits, causes of action, demands and claims by me and hereby agree (without in any way imposing or attaching any liability or obligation upon the indemnified to do so) that the indemnified may act as our agents in incurring such expense as, and/or doing whatsoever is reasonably necessary for the benefit of me in connection with or arising out of any such illness or mishap.

Member's Name

Member's Signature

(if over the age of eighteen years)

Name of Parent/Guardian
(if member under the age of eighteen years)

Signature of Parent/Guardian
(required if member is under the age of eighteen years)

Date: _____

MEDIA PERMISSION

During promotions, camps, clinics and all other efforts by Disability Recreation & Sports SA to promote the benefits of physical activity and to encourage people with a disability to participate and get involved in sports and recreation, athletes and their families may be photographed, videoed or other. Disability Recreation & Sports SA wishes to reuse the said media, in whole or in part, together with the name of the persons photographed, videoed etc, for promotional and advertising purposes.

Consent: I hereby agree to allow Disability Recreation & Sport SA to use any form of media whatsoever of my name, image, voice statements or otherwise, taken of me for the promotion of their services and programs.

This may include the use of the photographs, video recordings, voice recordings or statements in brochures, advertising or other promotional materials (including the DRSSA website). Media will be kept on file and used over the next five year period.

Please tick one:

I am over the age of eighteen years and I fully and completely understand the contents of the above consent.

The participant is a minor and I am the parent or duly authorised representative of the participant and that I fully and completely understand the contents of the above consent.

Signature of Participant or Parent/Authorised Representative: _____

Print name of Participant: _____

Print name of Parent/Authorised Representative: _____

PAYMENT DETAILS

- **New** members will be eligible to receive free membership until the next 30 June; therefore need not fill out this section – unless they wish to make a donation.
- Payments (accompanied by this form) may be made in cash at the Disability Recreation & Sports SA Office. Please do not send cash in the mail.

314 South Road, Richmond, SA 5033
(Entry from Frederick St)

- Payments (accompanied by this form) can be made by cheque or money order payable to:

Wheelchair Sports Association of South Australia
PO Box 474 Marleston Business Centre, SA 5033

- Payments (accompanied by this form) may also be paid by Credit Card.

Please complete the following payment details:

| | | | | | | | | | | | | | | | | | | | | | |
|--|---|-------------------------------|--|-------------------------------|----------------------|--------------------------|-------------------------|----------------------|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Member's Name: _____ | | | | | | | | | | | | | | | | | | | | | |
| I enclose the applicable Annual Membership Fee of \$ _____ | | | | | | | | | | | | | | | | | | | | | |
| Being for: | (please tick Membership Type required) | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <table style="width: 100%;"> <tr> <td style="width: 30%;">Ordinary</td> <td>Active Senior Member with voting rights</td> </tr> <tr> <td><input type="checkbox"/></td> <td>\$25 per year</td> </tr> <tr> <td><input type="checkbox"/></td> <td>\$15 full pension _____</td> </tr> <tr> <td></td> <td style="text-align: right;"><i>(please provide concession card no)</i></td> </tr> </table> | Ordinary | Active Senior Member with voting rights | <input type="checkbox"/> | \$25 per year | <input type="checkbox"/> | \$15 full pension _____ | | <i>(please provide concession card no)</i> | | | | | | | | | | | | |
| Ordinary | Active Senior Member with voting rights | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | \$25 per year | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | \$15 full pension _____ | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> | <table style="width: 100%;"> <tr> <td style="width: 30%;">Junior</td> <td>Active Junior Member (under 19) – no voting rights</td> </tr> <tr> <td></td> <td>\$15 per year</td> </tr> </table> | Junior | Active Junior Member (under 19) – no voting rights | | \$15 per year | | | | | | | | | | | | | | | | |
| Junior | Active Junior Member (under 19) – no voting rights | | | | | | | | | | | | | | | | | | | | |
| | \$15 per year | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <table style="width: 100%;"> <tr> <td style="width: 30%;">Associate</td> <td>Inactive Member / Supporter – no voting rights</td> </tr> <tr> <td></td> <td>\$15 per year</td> </tr> </table> | Associate | Inactive Member / Supporter – no voting rights | | \$15 per year | | | | | | | | | | | | | | | | |
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| | \$15 per year | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <table style="width: 100%;"> <tr> <td style="width: 30%;">Family</td> <td>2 Adult & 2 Children or 1 Adult & 3 Children – voting rights for Adults only</td> </tr> <tr> <td></td> <td>\$50 per year</td> </tr> </table> | Family | 2 Adult & 2 Children or 1 Adult & 3 Children – voting rights for Adults only | | \$50 per year | | | | | | | | | | | | | | | | |
| Family | 2 Adult & 2 Children or 1 Adult & 3 Children – voting rights for Adults only | | | | | | | | | | | | | | | | | | | | |
| | \$50 per year | | | | | | | | | | | | | | | | | | | | |
| I also include a donation amount of \$ _____ <i>(optional)</i> | | | | | | | | | | | | | | | | | | | | | |
| Via: | Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | |
| OR please deduct from my credit card: | <table style="width: 100%;"> <tr> <td>Visa <input type="checkbox"/></td> <td>MasterCard <input type="checkbox"/></td> <td>Amex <input type="checkbox"/></td> </tr> </table> | Visa <input type="checkbox"/> | MasterCard <input type="checkbox"/> | Amex <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| Visa <input type="checkbox"/> | MasterCard <input type="checkbox"/> | Amex <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | |
| Card no: | <table style="width: 100%; text-align: center;"> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| Expiry Date: | <table style="width: 100%;"> <tr> <td><input type="text"/></td><td><input type="text"/></td><td>/</td><td><input type="text"/></td><td><input type="text"/></td> <td>Name on card: _____</td> </tr> </table> | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | Name on card: _____ | | | | | | | | | | | | | | |
| <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | Name on card: _____ | | | | | | | | | | | | | | | | |

Please note:

- The membership year is from 1 July until 30 June the following year.
- Membership fees entitle you to participate in all Disability Recreation & Sports SA sanctioned activities throughout the financial year.

THANK YOU FOR YOUR MEMBERSHIP