



# Recreation, Sports and Aquatics Club

Providing Opportunities for People with a Disability  
Affiliated with: Special Olympics NSW as Special Olympics Roselands Region

## Membership Application Form (for athletes, coaches, volunteers, family)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Mobile): \_\_\_\_\_

Current Sport/s: \_\_\_\_\_ Session/s Attending: \_\_\_\_\_

I wish to attend – sport: \_\_\_\_\_ day: \_\_\_\_\_ time: \_\_\_\_\_

In case of emergency, please contact: (name) \_\_\_\_\_

(phone) \_\_\_\_\_ (relationship to member) \_\_\_\_\_

### Please tick any medical or physical condition which may be of significance?

Intellectual Disability	Cerebral Palsy	Visual Impairment	Hearing Impairment	Eye Infections	Heart Problems
Speech Problems	Skin Condition	Nerve or Muscular condition	Mobility Problems	High/Low Blood Pressure	Spinal Problems
Asthma	Epilepsy	Diabetes	Autism	Arthritis	Smoker
Other (please specify) :					

### Do you have Down Syndrome: Yes / No

If yes, do you have Atlanto Axial Instability Clearance: Yes /No

(Clearance is required prior to participation in some activities)

### Current Relevant Medical Information

(Please include allergies, all medical conditions and any regular medication, as well as conditions that may affect sports participation and performance).

Medicare Number: \_\_\_\_\_

Private Health Insurance: Company: \_\_\_\_\_ Policy No: \_\_\_\_\_

**Coaches/Helpers ONLY:** Specify your relevant qualifications (sporting, first aid, work, experience etc.)

I agree to abide the rules, by-laws and constitution of the Recreation, Sports and Aquatics Club (RSAC).

- ❖ I have advised the club of any medical conditions suffered by me and of any subsequent medication requirements.
- ❖ In the event of emergency or necessity, I authorise Recreation, Sports and Aquatics Club, to seek medical attention on my behalf.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If applicant is under 18 years of age, a parent or guardian **MUST SIGN AND ALSO PRINT NAME**).

# Recreation, Sports and Aquatics Club (RSAC) - Member Information Sheet

**NAME:**

**ADDRESS:**

**POST CODE:**

**PHONE NUMBERS**

**HOME:**

**WORK/DAYTIME:**

**MOBILE:**

**DATE OF BIRTH:**

**CURRENT SPORTS: (include day/session details)**

**EMERGENCY CONTACT PERSON:**

**NAME:**

**RELATIONSHIP:**

**PHONE NUMBERS**

**HOME:**

**WORK/DAYTIME:**

**MOBILE:**

**CURRENT RELEVANT MEDICAL INFORMATION:**

(include allergies, all medical conditions, any regular medication, as well as conditions affecting sports participation & performance)

**MEDICARE NUMBER:**

**PRIVATE HEALTH INSURANCE COMPANY:**

**POLICY NUMBER:**

**COACHES & HELPERS: Relevant Qualifications (eg. details of Sporting, First Aid, Work, Experience, etc.)**

## **RELEASE**

**ADULT (18 & OVER)**

I the undersigned, if I am unable to be consulted in case of emergency or necessity, authorise RSAC on my behalf and account to take such measures and arrange for such medical and hospital treatment as may be deemed advisable for my health and well being.

**DATE:**

**SIGNATURE:**

**PRINTED NAME:**

**OR**

**PARENT OR GUARDIAN OF MEMBER (IF MEMBER 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 well being of: (insert name of member)

**SIGNATURE:**

**DATE:**

**PRINTED NAME:**

**RELATIONSHIP:**