

Inclusive Sport SA – 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. Inclusive Sport SA 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 Inclusive Sport SA 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 Inclusive Sport SA programs is at the discretion of the Inclusive Sport SA 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"/>
Non English Speaking Background (NESB)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Torres Strait Islander	Yes <input type="checkbox"/> No <input type="checkbox"/>
New & Emerging Community (NEC)	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 Sport SA sports, Rapidswim or Aquatic Therapy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If 'Yes' please provide details:</i>	

Integration difficulty:

<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"/> Various/multiple
<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 concerns:

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.

Do you receive a pension/benefit?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If 'Yes', name of pension/benefit:</i>	
Are you registered with Disability Services?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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"/> Canoeing	<input type="checkbox"/> Indoor Cricket
<input type="checkbox"/> Indoor Rowing	<input type="checkbox"/> Indoor Soccer	<input type="checkbox"/> Lawn Bowls
<input type="checkbox"/> Netball	<input type="checkbox"/> Swimming	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Rapids swim information (including Aquatic Therapy) – ONLY REQUIRED IF INTERESTED IN SWIMMING

NDIS number:	NDIS plan start date:
Do you have private health cover with Bupa?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you currently access a swimming program?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If 'Yes', please specify:</i>	
Can you swim?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If 'Yes', what are your current capabilities:</i>	

Do you...	Live alone	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Live with family	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Other (please state):	
Does the Primary Carer care for any additional people with Integration Difficulties?		Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If 'Yes', how many:</i>		

Program/venue preference(s):	1.	2.
	3.	4.

Would you be interested in casual (fill-in) lessons*, while waiting for a regular place? *Lesson fees apply	Yes <input type="checkbox"/> No <input type="checkbox"/>
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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

Medicare Number:	Ambulance Cover?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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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 Inclusive Sport SA 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, 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)
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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.

CONSENT TO PARTICIPATE

I give permission for _____ to participate in _____

I agree to the delegation of authority to the staff and/or volunteers, (e.g. coordinator, coach, umpire, swim instructor etc) involved with the sport/project.

I give authorisation to Inclusive Sport SA 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 hereby agree that Inclusive Sport SA Inc and any nominated staff or volunteers shall not be deemed responsible or liable in any way for any injury or mishap which may occur during an Inclusive Sport SA sport/project that I the above named is involved in.

CODES OF BEHAVIOUR

- I acknowledge that all sports/projects which are coordinated and supported by Inclusive Sport SA Inc follow the CODES OF BEHAVIOUR as detailed by the Australian Sports Commission. *Copies are available from the Inclusive Sport SA office.*
- I agree to follow the CODES OF BEHAVIOUR as stated above (which also includes supporters associated with my participation, e.g. family and friends).
- I agree that Inclusive Sport SA Inc or Venue management have the right to exclude participants (and supporters) who do not abide by the CODES OF BEHAVIOUR.

CONSENT FOR USE OF PHOTO AND NAME

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

RELEASE OF INFORMATION AND WITHDRAWAL OF SAME

I hereby authorise Inclusive Sport SA Inc to obtain/release written or verbal information regarding me in relation to participation in any Inclusive Sport SA sport/project 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 Inclusive Sport SA Inc. I understand that withdrawal of consent will not result in loss of service, however may affect Inclusive Sport SA's ability to effectively deliver services.

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

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 sport/project 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 Inclusive Sport SA Inc sport/project. If the participant is under the age of 18 years, the parent/legal guardian MUST sign this form.

Signed:	Witness:
Date:	(please print name)

IMPORTANT: This information must be returned to the Inclusive Sport SA office **PRIOR TO PARTICIPATION**. If you need assistance in completing this form, please contact Inclusive Sport SA on **8152 2472**.

RETURN COMPLETED FORM:

Mail: Inclusive Sport SA Inc, PO Box 63, TORRENSVILLE PLAZA SA 5031

Email: services@inclusivesportsa.com.au

Fax: 8354 1303