

2018 MEMBERSHIP APPLICATION FORM

Name: Gender: M / F DOB:/...../.....

Address: Postcode:

Email:

Phone Numbers (H): (W): Mobile:

If under 18 years of age, please provide parent/guardian details:

Parent/Guardian's name: Relationship:.....

Email: Mobile:

Goalball SA Membership Fees

Athletes (all active sport participants). Mandatory for Goalball SA players. Membership includes access to coaches, equipment and stadium entry (<u>competitive / development training</u>). <i>OR</i>	\$130	<input type="checkbox"/>
Social Players (all active sport participants). Mandatory for Goalball SA players. Membership includes access to coaches, equipment and stadium entry (<u>standard training only</u>). <i>OR</i>	\$100	<input type="checkbox"/>
Social membership - Any persons wishing to support Goalball SA financially to help ensure the future of the sport. <i>OR</i>	\$.....	<input type="checkbox"/>
Volunteers - Play a key role in enabling blind and vision impaired persons to participate within the sport of choice. This includes coaches, officials and helpers.	\$0	<input type="checkbox"/>
Player Shirt for New Athletes / Social Players – For first time new members, purchase of players shirt (mandatory).	\$30	<input type="checkbox"/>
Office for Rec and Sports Voucher – Eligible Primary School aged children discount.	-\$50	<input type="checkbox"/>
	\$	TOTAL

Payment Method (please circle): Cheque / Cash / EFT

EFT details: Account name: **Goalball South Australia**
BSB: **085 458** Account No. **846699580**
Reference: <Athlete name> Goalball Fees.

Please return forms and/or payment to The Treasurer, Goalball SA, PO Box 128, Blackwood, SA 5051 or email to info@goalballsouthaustralia.org

Medical Information

Please complete separate form for each athlete member

Name:

Address:

Vision Impairment:

Classification: B1 B2 B3 B4 Not yet classified Not Eligible

Emergency contact details

Name:

Relationship:

Mobile:

Home:

Work:

Immunisation Details (Please complete.)

Injection	Yes	No	Date of Injection
Tetanus			
Hepatitis B			

Do you suffer from Asthma?

Yes

No

If YES please list medication:

Are you currently being treated by a medical practitioner or physiotherapist?

Yes

No

If YES list contact details and any current medication:

Are you suffering from an injury or condition that is likely to be aggravated by competition? E.g. Diabetes, high risk of retinal detachment, etc.

Yes

No

If YES list details:

Please list any relevant medical history including any allergies.

It is the individual, or if U18, individual parent's responsibility to ensure that they are adequately covered for Medical, Hospital, Dental and Personal Accident & Injury Insurance. Blind Sports SA and affiliated clubs will not accept financial liability for such expenses if they should arise.

Medical Authorisation

I hereby authorise the obtaining on my behalf of such medical assistance as I, or if U18, my son/daughter/child under my care, may require in the event of accident or illness and guarantee to meet any costs incurred. I authorise the administering of anaesthetic if deemed necessary by the medical attending officer.

Name:

Signed:

.....

(Parent or Guardian if U18)

Waiver and Photo Consent

1. In consideration of acceptance of membership I/we agree to abide by the Constitution and By-laws of Blind Sports SA and Goalball SA (including the Goalball SA Handbook detailing code of ethics), failure to do so may result in membership being revoked. If participating in activities, I/we agree to obey any reasonable instruction given to me/us by umpires, referees, directors of Blind Sports SA and Goalball SA, or volunteers ('**Officials**').
2. By participating in activities, I/we accept all risks resulting from my participation and hereby waive all and any claim; right or cause of action which I/we my/our heirs, executors and administrators might otherwise have against Blind Sports SA and Goalball SA, their directors, Officials, servants, representatives, agents, sponsors, individual members of Management Committees, and any of their respective representatives, for or arising out of death, disability, personal loss or injury, damage or loss of any description whatsoever which I/we or others may suffer or sustain in the course of or consequent upon my/our participation in any activities organised by Blind Sports SA or Goalball SA.
3. I/we agree that activities are engaged in at my/our own risk and assume full and complete responsibility for any loss, injury or accident sustained personally or to my/our personal possessions which may occur while I am travelling to or from the event, during the event, or while I am on the premises of the event. I/we declare that I/we are medically and physically fit and have not been advised by a qualified medical person that we are unable to participate in activities. I/we will immediately notify an official of any change to my medical condition, fitness or ability to participate.
4. I/we consent to receiving any medical treatment including ambulance transportation that Officials consider necessary or desirable and agree to reimburse any relevant out of pocket expenses incurred. I/we understand it is our own responsibility to organise adequate cover for Ambulance, Medical, Hospital, Dental and Personal Accident & Injury Insurance and Blind Sports SA and Goalball SA will not accept financial liability for such expenses. I/we agree to indemnify and keep indemnified at all times Blind Sports SA and Goalball SA from all claims relating to out of pocket expenses incurred as a result of participation in activities and any loss or damage however arising in relation to participation in activities.
5. I hereby acknowledge and consent to Blind Sports SA and Goalball SA using my name, image, likeness and my performance during activities, (individually or in conjunction with printed material) in all forms of media (including without limitation, online and in printed brochures or newsletters) for any lawful purpose; at any time. This permission is given provided that images are appropriate and relevant to the activity being promoted and are used respectfully. I understand that I can revoke this permission at any time, by informing Blind Sports SA or Goalball SA.
 Please tick this box if you do not agree & note any restrictions to be applied:
6. Privacy statement: I/we understand that the information I have provided within this membership form is necessary for the objects of Blind Sports SA and Goalball SA to provide membership services including insurance. I/we acknowledge and agree that the information may be disclosed by Blind Sports SA or Goalball SA, however it will not be used or disclosed for any other purpose without my/our prior consent and I/we may access and amend this information at any time by contacting Blind Sports SA and Goalball SA.
7. If any clause or part of a clause is illegal, unenforceable or invalid, that clause or part of the clause is to be treated as having been removed from this Agreement and the rest of this Agreement is not affected. This clause does not apply if the clause or part of the clause goes to the heart of this Agreement.
8. I/we agree to undergo appropriate compulsory Police checks for all players, volunteers and attending social members aged 16 years and over.

I/we have read, understood, acknowledge and agree to the above terms of membership

Name: Signed:

If under 18 years of age, a parent/guardian details must also sign:

Name: Signed: