

NO LIMITS REGISTRATION FORM

BRIDGING THE GAP FOR ALL NETBALLERS

The No Limits Netball program caters for participants with an intellectual disability aged 11 and over to engage with the sport of netball, meet new friends and play in a safe environment as part of a team.

PARTICIPANT DETAILS			
First Name:		Surname:	
Date of Birth:		Gender: (Please Tick)	<input type="checkbox"/> Female <input type="checkbox"/> Male
Street Address:			
Suburb/Post Code:			
Email:			
Phone Number (Home):			
Phone number (work):			
Country Of Birth:			
Location you will be attending:			

TO BE COMPLETED BY PARTICIPANT/PARENT/GUARDIAN/CARER

EMERGENCY CONTACT	
First Name:	
Surname:	
Phone (Home):	
Phone (Mobile):	
Email Address:	
Do you live at the same address? (If no please provide your address):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to participant: (Please Tick)	<input type="checkbox"/> Parent <input type="checkbox"/> Carer <input type="checkbox"/> Guardian <input type="checkbox"/> Sibling <input type="checkbox"/> Other:

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MEDICAL INFORMATION		
What is the participants diagnosis or condition? (Please Circle)	<input type="checkbox"/> Asperger's/Autism <input type="checkbox"/> Down Syndrome <input type="checkbox"/> Intellectual disability <input type="checkbox"/> Acquired Brain Injury	<input type="checkbox"/> Other:
Does the participant have any of the following: (Please Circle)		
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Asthma
Does the participant have any allergies? (Please Tick) If YES please give details including triggers, symptoms and treatment for allergies		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the participant have any specific dietary requirements? (e.g Vegetarian, Coeliac, Intolerances) (Please Tick) If YES, please list and describe		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the participant have any additional medical conditions? (Please Tick) If YES, please list and describe		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the participant currently take medication to manage his/her condition? (Please Tick) If Yes Please list and describe		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Action plan to assist with risk management (Either main detail below and attach risk management plan)		
Details:		

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GENERAL BEHAVIOUR	
Please answer the following, by <u>ticking the appropriate box</u> :	
Has the member been known to be aggressive to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the member exhibited self-injurious behaviour?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have answered YES to any of the above: How do you deal with these behaviours? What are the triggers? Describe activities that will calm the participant (attach action plan if applicable).	
Is there any additional information that can be provided to ensure that we provide the best possible care to the participant and other members?	

ACTIVITIES OF DAILY LIVING	
Does the participant require assistance for toileting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the participant been prone to "wandering"?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to any of the above: Please provide any additional information that will help us to ensure that we meet your care needs	





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PERMISSION AND CONSENT

Medical Treatment Consent: I understand that the Netball WA No Limits Program will be conducted under the rules as set by Netball Australia guidelines. I also understand that netball is a limited contact sport and that there is a risk of injury involved in participating in netball related activities. I authorise any official from the Netball WA program, in the event of any injury or illness, to obtain on my child's behalf and at my expense any medical assistance, treatment and transportation as deemed necessary.

Indemnity: Except where provided or required by law and such cannot be excluded, I agree that the Netball WA No Limits Program and its respective directors, officers, members, servants or agents are absolved from all liability arising from injury or damage to my child, however caused, whilst participating in the Netball WA No Limits Program.

Image Consent: I provide consent for the Netball WA No Limits Program to record my child's image (photograph or video footage) for promotional purposes. I understand my image may be used in mediums including: publications and promotional material, and broadcast, print and electronic media (These may include print and electronic media, advertisements, displays, posters, brochures, magazines, newsletters, publications and Internet use). I acknowledge that my image will be used without any personal compensation or remuneration. I agree to forgo any rights to my image including moral rights and copyrights.

Indemnity, visual images release and medical consent:

I _____ (name) of
 _____ (address)

Give permission for Netball WA & West Coast Fever to provide medical treatment and use photographs of myself and/or the participant

_____ (Participant's name)

for its promotional and publicity purposes as listed above.

Signed: _____ Date: _____

Please forward electronic registration form to Nicole Rendell at Nicole.Rendell@netballwa.com.au or phone 9380 3736. Alternatively, please forward completed paper copies to your Association No Limits Coordinator.

I would like to be placed on the Netball WA mailing list: Yes No

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