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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | | |  | | | | | | | | |  | | Birth Date | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Disability \* | | |  | | | | | | | | | | | | | | | | | | | |
| *\* Members must have a permanent, measurable physical disability* | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Mobility Aids | | |  | Wheelchair | |  | Powerchair |  | Crutches / Frame | | | | | | | | | |  | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Address | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Suburb | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| City / Town | | |  | | | | | | | | | | | | | | | Postcode | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Phone | | |  | | | | |  | | Mobile | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Email | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Ethnic Group | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Emergency Contact (Name) | | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Emergency Contact (Phone) | | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| School / Occupation (if applicable) | | | | | |  | | | | | | | | | | | | School Year | | | |  |
| **What ParaFed Canterbury programmes are you interested in being involved in?** | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Junior Sports Club (5-15 yrs) | | | |  | Equipment Hire | | | | | |  | | | Para Sports \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Burwood Hydrotherapy Pool | | | |  | Total Mobility Taxi Discounts | | | | | |  | | | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **PARAFED CANTERBURY COSTS TAXI DISCOUNT COSTS** | | | | | | | | | | | | | | | | | | | | | | |
|  |  | **ParaFed Canterbury Subscription $ 40.00** | | | | | | |  | | **Total Mobility Subscription Only $ 15.00** | | | | | | | | | | | |
| (includes Total Mobility Subscription) (Paid annually for members only using taxi discount card) | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  |  | **Donation $\_\_\_\_\_\_** | | | | | | |  | | **Total Mobility ID Card $ 15.00** | | | | | | | | | | | |
| (Tax Deductible) (New or replacement card, valid for 5 years until +65 years) | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  |  | **Total $\_\_\_\_\_\_ Direct Credit:** 03-1700-0117714-00 ***Eftpos Not Available*** | | | | | | | | | | | | | | | | | | | | |
| *(Please put your name & SUBS as reference)*   **Do you require a receipt? Y / N** | | | | | | | | | | | | | | | | | | | | | | |
| **Disclaimer**  I, the undersigned, state that I am physically and medically sound to proceed with the activities of ParaFed Canterbury and that they shall not be liable in anyway for personal accident or loss of property. All equipment and people within the organisation must be treated with respect and the organisation code of conduct, available on our website, must always be adhered to. ParaFed Canterbury reserves the right to exclude a member without refund should their conduct at any time be detrimental. ParaFed Canterbury reserves the right not to renew a persons membership should they no longer met the organisations criteria. I agree that any images that have been captured of me participating in a ParaFed Canterbury activity or event can be used by ParaFed Canterbury. | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Signed | | | | |  | | | | | | | | | | | | Receipt Date | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | |
| ParaFed Canterbury | | | | |  | | | | | | | | | | | | Receipt No | | | | |  |