

**M**EMBER DETAILS

## Sailability Wellington MEMBERSHIP APPLICATION

Please email your completed form to <a href="mailto:info@sailability-wellington.org.nz">info@sailability-wellington.org.nz</a>

First name:	Surname:				
Address:					
Phone:					
Email:	Date of Birth:				
Agency / Group name: (if applicable)	Street by the street of the street				
How will your Sailability membership fees be paid?	Directly by me Through a group				
NEXT OF KIN					
First name:	Surname:				
Phone:	Mobile Home Work				
Relationship to you:					
EMERGENCY CONTACT (IF DIFFERENT FROM ABOVE)					
Name:					
Phone:	Mobile Home Work				
A					
ABOUT YOU					
WATER CONFIDENCE					
3 ,	Minimal Average Good				
Sailing experience: None  Details:	Minimal Some Extensive				
Details.					
Sailing you're interested in: Rehabilitative /	Learn to Sail Racing				
therapeutic sailing					
PHYSICAL / MOBILITY					
Do you have limited mobility or any other physical in	mpairment? Yes No				
Are you in a wheelchair?	Yes No				
Will you require assistance getting into / out of the l	boats? Yes No				
SENSORY, COMMUNICATION, BEHAVIOUR					
Do you have any conditions or limitations affecting	: (tick all that apply)				
Hearing Sight Speech Balance  Details:	Comprehension Communication Anxie				
What is your usual means of communication?					

MEDICAL CONDITIONS	(tick all that ap	oly)				
Diabetes  Details:	Epilepsy	Heart problems	Allergic reactions	Other		
•		vide this assistance? ding your disability that m	Yes No ight help us, incl. assistanc	e requirements		
GOALS AND ASPIRATION	ONS PERSONAL DEV	ELOPMENT				
What do you hope to	o get out of Sailal	bility? Are there any perso	nal goals you wish to achie	eve?		
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DISCLAIMER  I authorise the obtaining of any medical assistance on my behalf if, in the opinion of Sailability Wellington, such treatment is necessary.						
By this application, I agree to abide by the rules of Sailability Wellington Trust, and any directions given by Coaches or Officers of the Trust.						
I give my permission for the free use of my name and picture in any media account of Sailability Wellington or any future public relations of fund raising activity.						
I also acknowledge that sailing is a sport with some risks and I understand that the Sailability Wellington and its officers will take all due care but that they will not be liable for any property damage or personal injury in the case of any accident or mishap. I also agree to take all reasonable care of Trust property that is under my control while participating in any Trust activity.						
Member's Signature Date:		Parent/Ca Date:	regiver's Signature			

The information on this form will be collected and held by Sailability Wellington Trust only and used to assist with the organisation of sailing sessions and events and for future development planning. By registering this information, you consent to the above use and disclosure of your personal information under the Privacy Act 1993.

You will receive a subscription invoice of \$115.00 (incl GST) at the beginning of each year. To pay by

Internet banking please deposit to 06 0545 0279558 00 with your name for the code.