



# Disabled Snowsports Canterbury 2011 Active Membership Form

## Personal Information

<b>Name</b>	<b>Gender</b>
<b>Iwi Affiliation</b>	<b>Date of Birth</b>
<b>Postal Address</b>  Please include your new POSTCODE	<b>Occupation</b>
	<b>Home Phone</b>
	<b>Cell Phone</b>
<b>Email</b>	

We would love to keep in touch with you and let you know about what we're doing this year. Please indicate the best way of sending information to you.     Via email (keeps our costs down)     Via post

<b>Next of kin / guardian</b>	<b>Phone</b>
<b>Doctor's name</b>	<b>Phone</b>
<b>Diagnosis &amp; description of permanent disability</b>	<i>New members - please include a certificate or letter from your medical practitioner or branch confirming your disability.</i>

## On-Snow Information

<b>Local ski area</b>	<b>Adaptive equipment &amp; needs</b> <small>tick all applicable</small> <input type="checkbox"/> None <input type="checkbox"/> 4-track - skis with outriggers <input type="checkbox"/> 3-track - single ski with outriggers <input type="checkbox"/> ski-links - keep tips of skis together <input type="checkbox"/> *Mono-ski - sit-ski with one ski <input type="checkbox"/> *Bi-ski - sit-ski with two skis <input type="checkbox"/> Guide - for visual impairments <input type="checkbox"/> Snowboard - with outriggers <input type="checkbox"/> *Cross Country Sit Ski
<b>Discipline / experience</b> <small>tick all applicable</small> <input type="checkbox"/> Skier <input type="checkbox"/> First Timer <input type="checkbox"/> Boarder <input type="checkbox"/> Beginner <input type="checkbox"/> Cross Country <input type="checkbox"/> Intermediate <input type="checkbox"/> <input type="checkbox"/> Advanced	
<b>Number of helpers required</b> <i>Helper concessions are only available to people who genuinely require additional assistance on-snow for the safety of themselves and others.</i>	
<b>Weight</b> <i>*If you use a sit ski or require lifting please provide your weight in kg.</i>	

## Membership Information

<b>Membership type</b> <input type="checkbox"/> Renewal <input type="checkbox"/> New member  <input type="checkbox"/> Canterbury - skier \$60/family \$80	<b>Amount Due</b> <small>Donations are voluntary but very welcome. Donations are used to support and expand our programme</small> <table style="width: 100%;"> <tr> <td style="width: 60%;">Membership Fee</td> <td style="width: 40%;">\$.....</td> </tr> <tr> <td>Donation to Branch</td> <td>\$.....</td> </tr> <tr> <td><b>Total Amount</b></td> <td><b>\$.....</b></td> </tr> </table>	Membership Fee	\$.....	Donation to Branch	\$.....	<b>Total Amount</b>	<b>\$.....</b>
Membership Fee	\$.....						
Donation to Branch	\$.....						
<b>Total Amount</b>	<b>\$.....</b>						
<b>Payment Method</b> <input type="checkbox"/> Cheque or money order <input type="checkbox"/> Please send me a receipt							

Cheques should be made payable to Disabled Snowsports Canterbury.

Please post this form to DSC, PO Box 13 429, Christchurch.

Remember to include your payment, a passport photo, proof of disability and Canterbury Supplementary Branch Form if required.

## Confirmation

*Disabled Snowsports New Zealand (DSNZ) is hereby permitted to enter the above information into a computer database for the purpose of membership benefits and statistics and to assist programme coordinators. I understand that DSNZ its staff, officers, branches and members will exercise all due care but will not be liable for injury or damage which I or my son/daughter/charge may sustain to person or property.*

<b>Signed</b>	<b>Date</b>
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*To be signed by Parent or Guardian if under 18 (Eighteen) years of age*



## Disabled Snowsports Canterbury Additional Information

Please ensure this supplementary form is completely filled out. It needs to be returned with your completed membership form, subscription payment and photo. A receipt must be obtained by 1 August or your name will be removed from the Canterbury membership list. All ID cards are issued by Disabled Snowsports New Zealand to maintain consistency throughout the country.

Medical Information	
<b>Name</b>	<b>Age</b>
<b>Allergies</b>	
<b>Medical Problems</b>	
<b>Medication</b>	
Carer Support	
<b>Carer Support Number</b>	Please note: If you have used your allocation of days you WILL be invoiced for your skiing
Fundraising	
Please indicate if you or a family member would be available to help with fundraising e.g. Ski Sale or Book Fair <input type="checkbox"/> YES <input type="checkbox"/> NO	
Confirmation	
<i>Disabled Snowsports Canterbury is hereby permitted to enter the above information into a computer retrieval system for the purposes of membership only. I accept that Disabled Snowsports Canterbury is not liable for any injury that may occur while I am skiing or snowboarding or in their care.</i>	
<b>Signed</b>	<b>Date</b>

*To be signed by Parent or Guardian if under 18 (Eighteen) years of age*