



Disabled Snowsports Canterbury 2018 Active Membership Form

Personal Information			
Name		Gender	
Postal Address	Postcode	Date of Birth	
		Home Phone	
		Cell Phone	
Email			
Next of kin / guardian			
Phone			
Discipline	Skier / Boarder / Other	Child / Youth / Student / Adult	
Membership fee	Individual: \$75	Amount Due <i>Donations are voluntary but very welcome and greatly appreciated.</i>	Membership Fee \$..... Donation \$..... Total Amount \$.....
Members are entitled to discounted skiing at Mt Hutt, Porters, Mt Cheeseman and Mt Dobson. Discounts at other fields requires membership of the National Association: Adaptive Snowsports NZ.		Payment Method	<input type="checkbox"/> Internet Banking <input type="checkbox"/> Cheque <input type="checkbox"/> Please send me a receipt
Confirmation			
<i>Disabled Snowsports Canterbury (DSC) is hereby permitted to enter the above information into a database for the purpose of membership benefits and statistics and to assist programme coordinators. I understand that DSC, 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.</i>			
Signed:			Date:

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

Disabled Snowsports Canterbury requests your permission to display photographs of members online for the purposes of promotion and marketing. I give / do not give permission for images to be displayed online. Signed:

Post completed form to: PO Box 29171, or email it to webquery@dsc.org.nz
 Riccarton,
 Christchurch 8440.

Please include your payment, the completed medical information form and for new members, a medical certificate.

Payment can be made by including a cheque with your application form, or directly into our bank account:
 Disabled Snowsports Canterbury: 03-1592-0031007-00. Please ensure your full name appears on our statement.

If going on camp you need to be a member of DSC and Adaptive Snowsports NZ



Disabled Snowsports Canterbury Medical Information 2018

Please ensure this supplementary form is completely filled out by ALL members (new and old). It is essential that all medical information is updated annually. For new members, please include a medical certificate outlining your disability.

Medical Information	
Name Address	Date of birth
Next of Kin Emergency phone numbers	
Medical condition/diagnosis Disabling features Visual problems Hearing problems Specific communication problems and method of communication Other relevant information you believe important in an emergency	
G.P.	
Medication	
Allergies	
Confirmation	
<i>Disabled Snowsports Canterbury is hereby permitted to enter the above information into a database 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>	
Signed:	Date:

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