



## ADSA SOCIAL CLUB REGISTRATION FORM

<b>ATTENDEE NAME</b>	
GENDER	MALE      FEMALE
DATE OF BIRTH	
<b>NAME OF PARENT / GUARDIAN</b>	
RELATIONSHIP TO CLIENT	
ADDRESS	
HOME PHONE	
WORK PHONE	
CELL PHONE	
EMAIL	
EMERGENCY CONTACT NAME	
EMERGENCY CONTACT PHONE	
EMERGENCY CONTACT CELLPHONE	
SCHOOL / UNIVERSITY / WORK If not attending any of the above please specify daily care e.g. stay at home, attend care.	
ETHNICITY	
HAPU / IWI	
FIRST LANGUAGE	
NAME & AGE OF SIBLINGS	

**Please return registration form to:  
Auckland Down Syndrome Association Inc.  
PO Box 13385  
Onehunga 1643  
or email to : [clo@adsa.org.nz](mailto:clo@adsa.org.nz)      or fax to 09 6360354**



<b>MOBILITY AND FITNESS</b>				
How would you describe your swimming ability? (Please circle)	poor	average	good	excellent
How would you describe your fitness?	poor	average	good	excellent
<b>COMMUNICATION</b>				
Do you have hearing or vision impairments? If so please specify which, and are aids used?				
What are your usual means of communication?				
If you require aids for communication (e.g. PECS) please specify				
Do you have difficulty with speech?				
Do you have difficulty understanding and listening to instructions?				
<b>MEDICATION</b>				
Medical allergies: Do you have any e.g. bee stings, penicillin				
Medical conditions				
Are you currently on medication? Please specify.				
<b>DIET</b>				
Do you eat / drink unaided?				
Do you have special dietary requirements?				
Do you have any food allergies / reactions? E.g. are there any foods / liquids you cannot eat / drink?				
It is very important that we have a clear understanding of your eating habits	Likes:			Dislikes

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<b>DRESSING/SHOWERING</b>	
Can you dress unaided?	
Can you shower unaided?	
Can you regulate hot water temperature?	
If you answer no to any of the above questions please specify area for assistance including buttons, shoelaces etc	
<b>TOILET</b>	
Can you toilet unaided?	
Do you require strict toilet reminding during the day or before bedtime?	
<b>SOCIALISATION AND BEHAVIOUR</b>	
Do you find it difficult to get to know new people?	
When in new environments what helps you feel safe and comfortable?	
Do you have any behavioural difficulties that we need to be aware of?	
How do you respond to difficult or challenging situations?	
<b>GENERAL</b>	
Do you object to photographs being taken for possible publicity use?	
Do you object to this information being filed for future reference?	

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**This information is collected on behalf of Recreate NZ by the Auckland Down Syndrome Association for the purposes of their social club.**

In the event of an accident or illness, I authorise the obtaining of any medical assistance on my behalf as may be deemed necessary by the staff of Recreate NZ. I AGREE THAT Recreate NZ supervising staff, any other organisations involved and helpers/volunteers will not be legally liable for any accident, injury or occurrence to myself, son or daughter during this programme. While recognising that Recreate staff will be doing their best to ensure the care, safety and manage the risks inherent in the activities I am participating in, I accept responsibility for my own actions and safety. I AGREE THAT if my behaviour during the course of the programme threatens the wellbeing of staff and other participants, Recreate NZ has the right to send me home. You are liable for any costs incurred. I AGREE TO cover the full payment of programmes, including a timely payment membership fees. I understand that Recreate NZ will not accept responsibility for loss or damage of personal property. I AGREE TO the above information to be added to the ADSA and Recreate NZ's database so I can be informed of future social club events. I AGREE TO the above information be keep on file for future reference in regards to ADSA social clubs.

Name of participant.....

Signature of participant..... Date.....

Signature of parent/guardian..... Date.....

To be signed by parent/guardian if participant is under 18 years of age.

**Annual Membership fee of \$75**

**Internet Banking: Auckland Down Syndrome Association, ASB Bank, Onehunga**

**A/c 12 3008 0265824 00 Reference: Your child's name and Social Club**

**COMMENTS / FURTHER NOTES:**