



DISABLED WINTERSPORT AUSTRALIA INCORPORATED

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NEW MEMBERSHIP APPLICATION FORM

Version Date: March 2010

Before completing this Application Form, ensure you have read the covering letter and the frequently asked questions.

IMPORTANT INFORMATION IN COMPLETING THIS APPLICATION FOR ALL NEW APPLICANTS

The Application Form is in four parts. Part A, Part B and Part C require an applicant to provide:

- sufficiently detailed information regarding your disability, including from appropriate and relevant professionals and specialists,
- detailed information of the effect your disability may have upon your ability to ski,
- the degree or nature of the support you may require, and
- your ability to use ski area lifting and to communicate effectively at all times with ski area personnel such as instructors, lift attendants and ski patrollers, especially in the event of an accident or emergency on the ski slopes.

Applications will not be processed unless all sections of the form are completed in full. Part C must be completed by a qualified medical practitioner. This information will be used to assess your eligibility for a Passport. **PLEASE ENSURE ALL INFORMATION IS LEGIBLE.**

You will be required to warrant that the information you provide is up to date, complete and accurate. DWA will ensure that all information provided by you is securely retained at all times and only accessible by its authorised officers, and that your privacy is ensured to the extent that only critical information for your safety and welfare is made available in a DWA Passport should that be issued to you as a result of satisfactory processing of the Application.

DWA reserves the right to ask further questions or seek further information from you concerning any matter that arises out of the Application made by you and/or from any report or letter attached to the Application. You will be required to authorise such further questions being made or information sought.

You need to be aware of and recognise in submitting this Application, that skiing and snow sports are hazardous and involve inherent risks.

Complete only that Part which applies to you:

PART A: For completion only by persons applying for membership who have a **physical disability**.

PART B: For completion only by persons applying for membership who have **Autism Spectrum Disorder** and/or an **intellectual disability**.

PART C: For completion by a Medical Practitioner who can verify the applicant's disability and specific needs.

PART D: For completion only by persons applying to be an **Associate Member**, being a person who is providing DWA with volunteer Ski Guiding or a person or organisation providing financial or other support for DWA who wish to receive DWA membership information and benefits in the current membership year.

PART A

For completion only by persons applying for membership who have a **physical disability**.

Applicants Name: (BLOCK LETTERS)
Surname Given Name/s

Locality Address and Postcode:

Postal Address (if different to locality address):

Telephone: Mobile: Email:

Date of Birth: Male Female (Please tick)

Emergency Contact Telephone Number: Name of Contact:

NOTE: Attach two (2) current passport size photographs of the Applicant

Parent/Guardian (If applicable): Surname Given Name/s
Address (if different to Applicant's address):
Telephone: Mobile: Email:
Relationship to Applicant:

DETAILS OF APPLICANT'S PERMANENT DISABILITY:

(Attach Reports and Doctors Form C confirming and explaining your disability)

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.....
.....

Do you require an escort/guide? (tick one) Yes No If Yes, please state why below:

(Note conditions apply: Please understand that escort/guide concessions apply to all applicants who due to their disability are unable to ski/or access lifts and ski areas alone. An escort/guide can be a parent or caregiver who is an accomplished skier).

.....
.....

I,
(insert name being the Applicant or the Applicant's Parent or Guardian)

1. expressly declare and warrant that the information provided in this Application is up to date, complete and accurate;
2. authorise DWA and its authorised officers (collectively "DWA") to read through the Application and, if necessary, authorise DWA to contact directly and obtain information from any medical personnel or other persons referred to in or attached to this Application. This authorisation is acknowledged and provided by me for the purpose of allowing DWA to fully evaluate and assess the Applicant's skills to use the facilities and/or equipment and/or personnel provided by DWA, including the Applicant's ability to safely participate in snow sports activities;
3. authorise DWA to publish in a DWA Passport, any part of the information supplied in the Application or in such other additional information that may be provided as DWA believes is necessary. I acknowledge that not only will DWA personnel have access to the information contained within the Passport, but that the information may also be accessible and read by ski area resort personnel and medical practitioners and others working within the alpine resorts;
4. I understand and acknowledge that skiing and snow sports are a hazardous activity and contain inherent risks, and further acknowledge and agree that in the event that DWA and its authorised employees, agents and assigns use all due care and skill in providing member services to minimise the risk of injury or loss, I will not take any legal action or proceeding against DWA or claim any damages whatsoever from or through DWA in the supply of services to members.

Signed: Date: Name:
(Print in BLOCK letters)

Capacity: (Insert Parent or Guardian if appropriate and if Applicant is under 18 years of age)

PART B

For completion only by persons applying for membership who have **Autism Spectrum Disorder** or an **intellectual disability**.

Applicants Name: (BLOCK LETTERS)
Surname Given Name/s

Locality Address and Postcode:

Postal Address (if different to locality address):

Telephone: Mobile: Email:

Date of Birth: Male Female (Please tick)

Emergency Contact Telephone Number: Name of Contact:

NOTE: Attach two (2) current passport size photographs of the Applicant

Parent/Guardian (If applicable):
Surname Given Name/s

Address (if different to Applicant's address):

Telephone: Mobile: Email:

Relationship to Applicant:

SUPPORTS AND SERVICES: (To be completed by the Applicant's parent, caregiver or guardian if applicable)

Name of School and/or Specialised Centre:

Address:

Telephone: Mobile: Email:

School/Guidance Officer: Classroom Teacher/Rep:

Has the Applicant been assessed as having Autism Spectrum Disorder or an intellectual disability? Yes No Documents

Can the Applicant understand visual and verbal instructions? Yes No Documents

Does the Applicant use alternative/augmentive communication aids? Yes No Documents

Do you require an escort/guide? (tick one) Yes No If Yes, please state why below:

(Note conditions apply: Please understand that escort/guide concessions apply to all applicants who due to their disability are unable to ski and/or access lifts and ski areas alone. An escort/guide can be a parent or caregiver who is an accomplished skier).

.....
.....

I,
(insert name being the Applicant or the Applicant's Parent or Guardian)

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2. authorise DWA and its authorised officers (collectively "DWA") to read through the Application and, if necessary, authorise DWA to contact directly and obtain information from any medical personnel or other persons referred to in or attached to this Application. This authorisation is acknowledged and provided by me for the purpose of allowing DWA to fully evaluate and assess the Applicant's skills to use the facilities and/or equipment and/or personnel provided by DWA, including the Applicant's ability to safely participate in snow sports activities;
3. authorise DWA to publish in a DWA Passport, any part of the information supplied in the Application or in such other additional information that may be provided as DWA believes is necessary. I acknowledge that not only will DWA personnel have access to the information contained within the Passport, but that the information may also be accessible and read by ski area resort personnel and medical practitioners and others working within the alpine resorts;
4. I understand and acknowledge that skiing and snow sports are a hazardous activity and contain inherent risks, and further acknowledge and agree that in the event that DWA and its authorised employees, agents and assigns use all due care and skill in providing member services to minimise the risk of injury or loss, I will not take any legal action or proceeding against DWA or claim any damages whatsoever from or through DWA in the supply of services to members.

Signed: Date: Name:
(Print in BLOCK letters)

Capacity: (Insert Parent or Guardian if appropriate and if Applicant is under 18 years of age)

PART C

For completion by a qualified **DOCTOR** on behalf of applicants. **PLEASE PRINT CLEARLY.**

Medical Practitioner's Name:

Specialty:

Date of Certificate: Signature:

DESCRIBE THE APPLICANT'S:

- Details of Disability/Diagnosis:
..... Date:
- Medical Alerts and Allergies:
- Current medication(s):
- Verbal Communication, particularly under stress:
- Comprehension of instructions, particularly under stress:
- Sensory responses e.g to loud noise, unusual or non routine events, bright light:
- Behaviour if under stress:

What methods can be used by ski staff to reduce stress, anxiety, and reassure the applicant? (Tick box)

Simple Verbal Reassurance – eg "It's OK" Arm around shoulders Keep verbal to a minimum Do NOT use touch dislikes

Explain all help being given SIMPLY Other (Please describe)

Would you recommend that the applicant requires an escort when undertaking on-snow activities. Yes No

APPLICATION FEE (Part A and Part B) – \$85.00 (includes GST)

I understand and agree to abide by the conditions set down by the ski resort operators and Disabled WinterSport Australia (DWA).
I also accept that any abuse of these privileges may result in a DWA Passport being revoked.

Signature: Date:/...../..... Name: (Block Letters)

(If not the Applicant or the Applicant is under 18 a parent or guardian must sign)

Applications received after June 8, 2010, will be levied an additional \$10.00

Method of Payment: (please tick) Cash Cheque Money Order Credit Card – Mastercard Visa

Card No: Exp:/...../.....

DWA Membership: \$..... Signature:

Donation to DWA: \$..... all donations over \$2.00 are tax deductible

Total \$..... Name (Block Letters):

OFFICE USE ONLY:

Approved by: Passport Number: Passport Photos Received:

All Necessary Documentation Received: Payment Received: Date:



Complete relevant Application Part and Application Fee category and return to:

Disabled WinterSport Australia

PO Box 655, Dickson, ACT, 2602

For any enquiries please call the DWA Office on 02 6230 6631

YOUR CHECK LIST:

Please include these items with your Application Form.

- Part C – Doctors/Specialists Certificate and supporting documentation
- Two Passport Photographs
- Application Fee