

# 2020 RECREATION ENROLMENT FORM – ADULT



Given name:			
Family name (Surname):			
Preferred name (if different from above):			
Street no and name:			
Suburb:		State:	Post Code:
Email:		Contact no:	
Date of Birth: <small>d d / m m / y y y y</small>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
<b>Emergency contact details</b>			
Name:		Phone:	Relationship:
Course attending:			

**Do you consider yourself to have a disability, impairment or long-term condition?**

YES       NO

If yes, please indicate the areas of disability, impairment or long-term condition

- |  |                                       |   |   |  |
|--|---------------------------------------|---|---|--|
| <input type="checkbox"/> Acquired brain injury | <input type="checkbox"/> Hearing/deaf | <input type="checkbox"/> Visual/sight   | <input type="checkbox"/> Learning         | <input type="checkbox"/> Medical condition |
| <input type="checkbox"/> Intellectual          | <input type="checkbox"/> Physical     | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Other disability | .....                                      |

Is there anything that may prevent you from successfully completing the course?

Yes (please submit details below)       No

.....

**\*Please turn form over to complete other side**

