

Membership application form - Appendix 1

Do you consider yourself to have a disability? Yes No

If yes what is the nature of your disability?	
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Disability	Please Tick
Manual Wheelchair user – self propelled	
Manual Wheelchair user – assisted	
Electric Wheelchair user	
Learning disability – moderate	
Learning disability – severe	
Visual impairment	
Hearing impairment	
Amputee	
Other physical disability	
Speech and language/communication difficulties	

Are there any further details you would like to provide us with regarding you/your child’s disability?
E.g. Medical/support needs, food allergies etc.

If you require any further information or clarification regarding the sessions or any other disability sport issue please do not hesitate to contact: Paul Guillou (Admin Secretary).

Medication:

Please provide us with details of any medication currently being taken.

Name of medication	Dosage	Frequency

Please note

- We cannot administer medication under any circumstances unless previously agreed with the club coaches/volunteers.
- A doctor’s note may be required.
- **You may be required to stay for sessions if:**
 - Your child is new to the session
 - Your child is under the age of 7
 - Your child requires assistance with personal care
 - Your child may exhibit challenging behaviour