



Disabled Snowsports New Zealand 2007 Active Membership Form

Personal Information

Name	Gender
Iwi Affiliation	Date of Birth
Postal Address Please include your new POSTCODE	Occupation
	Home Phone
	Cell Phone
Email	

We would love to keep in touch with you and let you know about what we're doing this year. Please indicate the best way of sending information to you. Via email (keeps our costs down) Via post

Next of kin / guardian	Phone
Doctor's name	Phone

Diagnosis & description of permanent disability	<i>New members - please include a certificate or letter from your medical practitioner or branch confirming your disability.</i>
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On-Snow Information

Local ski area	Adaptive equipment & needs <small>tick all applicable</small> <ul style="list-style-type: none"> <input type="checkbox"/> None <input type="checkbox"/> 4-track - skis with outriggers <input type="checkbox"/> 3-track - single ski with outriggers <input type="checkbox"/> ski-links - keep tips of skis together <input type="checkbox"/> *Mono-ski - sit-ski with one ski <input type="checkbox"/> *Bi-ski - sit-ski with two skis <input type="checkbox"/> Guide - for visual impairments <input type="checkbox"/> Snowboard - with outriggers <input type="checkbox"/> *Cross Country Sit Ski 											
<table style="width: 100%;"> <tr> <td style="width: 33%;">Discipline / experience <small>tick all applicable</small></td> <td><input type="checkbox"/> Skier</td> <td><input type="checkbox"/> First Timer</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Boarder</td> <td><input type="checkbox"/> Beginner</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Cross Country</td> <td><input type="checkbox"/> Intermediate</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Advanced</td> </tr> </table>		Discipline / experience <small>tick all applicable</small>	<input type="checkbox"/> Skier	<input type="checkbox"/> First Timer		<input type="checkbox"/> Boarder	<input type="checkbox"/> Beginner		<input type="checkbox"/> Cross Country	<input type="checkbox"/> Intermediate		
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Number of helpers required	<i>Helper concessions are only available to people who genuinely require additional assistance on-snow for the safety of themselves and others.</i>											
Weight												
<i>*If you use a sit ski or require lifting please provide your weight in kg.</i>												

Membership Information

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Cheques should be made payable to Disabled Snowsports New Zealand or your local branch. Electronic payment can be made to Disabled Snowsports New Zealand, BNZ, 02-0800-0747946-000, include your name and branch as a reference. Please post this form to DSNZ, PO Box 395, Wanaka 9343 or your local branch.

Remember to include your payment, a passport photo, proof of disability and Canterbury Supplementary Branch Form if required.

Confirmation

Disabled Snowsports New Zealand (DSNZ) is hereby permitted to enter the above information into a computer database for the purpose of membership benefits and statistics and to assist programme coordinators. I understand that DSNZ 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.

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