

RIDING FOR THE DISABLED ASSOC OF WA - CARINE GROUP INC

ANNUAL PARTICIPANT REGISTRATION FORM 2023



Copies of this form are kept by the RDA Carine Centre and the information reported for statistical purposes to Riding for Disabled Association of Australia Limited (RDAA)

1. APPLICATION FOR REGISTRATION

CENTRE: CARINE

YEAR: 2023

NEW REGISTRATION

RENEWING

2. PERSONAL DETAILS (Participant Rider information)

TITLE: (Mr,Mrs,Ms,Miss,Dr,Rev,other)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ POSTCODE: _____

PHONE HOME: _____ MOBILE: _____

EMAIL: _____

MALE FEMALE DATE OF BIRTH / /

AGE AS AT 1 JANUARY 2023 _____ OCCUPATION _____

DO YOU IDENTIFY AS ABORIGINAL TORRES STRAIT ISLANDER

3. EMERGENCY CONTACT

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ POSTCODE: _____

PHONE HOME: _____ MOBILE: _____

EMAIL: _____

4. FUNDING

Do you have Private funding? Yes / No Do you have NDIS funding? Yes / No

If YES to NDIS, please provide your NDIS Plan Number _____

NDIS Plan Start Date _____ NDIS Plan Review Due Date _____

Please tick responsibilities for invoicing Plan managed or Self-managed

Plan Management Provider Name: _____

Email Invoices to: _____

5. BILLING INFORMATION (if different from above)

NAME: _____ (Parent, Carer, School or Institution)

ADDRESS: _____

CITY: _____ STATE: _____ POSTCODE: _____

PHONE: _____ EMAIL: _____

RDA Carine **Participant Schedule of Term Dates and Session Costings** is available on our website by [Clicking here.](#)
The cost of the "Support Service provided for the Riding Activity" is \$60 per hour session to a maximum 38 sessions per calendar year for a Total \$2,280. No refunds or credits will be issued and no make-up sessions will be offered.
RDA Carine **Participant Fees and Cancellation Policy** is available on our website by [Clicking here.](#)

6. MEDICAL DETAILS

Do you have or have had any medical condition or disability (eg Physical, intellectual, psychiatric or behavioural that may affect your efficiency as a participant, your safety and the safety of the public? Yes / No

If YES, you will be required to submit a Medical Practitioner Consent Form completed by a medical practitioner with this application. A Medical Practitioner Consent Form is available from the RDA Carine office or by [Clicking here](#). RDAA may in its reasonable discretion require you to provide a Medical Consent Form completed by a medical practitioner even if you have declared you do not have / had any medical condition or disability.

A Medical Practitioner Consent Form is required to be **renewed every 3 Years** to enable participation to continue.

7. RENEWING PARTICIPANT MEDICAL INFORMATION

Have any medical conditions changed in the last 12 months? Yes / No

If YES please have your medical practitioner complete a review of the Medical Practitioner Consent Form.

Has the client undergone any Medical Procedures (surgery etc) in the last 12 months? Yes / No

If YES please have your medical practitioner complete a review of the Medical Practitioner Consent Form.

8. DISABILTY CATEGORY (Please Tick relevant box)

- | | | | |
|---|--------------------------|---|--------------------------|
| A. Rider with intellectual disability | <input type="checkbox"/> | G. Rider with Learning/Behavioural Difficulty | <input type="checkbox"/> |
| B. Rider with Physical disability | <input type="checkbox"/> | H. Riders with Psychiatric Condition | <input type="checkbox"/> |
| C. Rider with Cerebral Palsy | <input type="checkbox"/> | I. Rider with Multiple Disability | <input type="checkbox"/> |
| D. Rider with Vision Impairment/Blindness | <input type="checkbox"/> | J. Rider with Down Syndrome | <input type="checkbox"/> |
| E. Rider with Hearing Impairment/Deafness | <input type="checkbox"/> | K. Rider without disability | <input type="checkbox"/> |
| F. Rider with Autism | <input type="checkbox"/> | L. Other Disability | <input type="checkbox"/> |

What is the participants Medical Condition/s: (if not included above)

Please review the full RDA Carine **Terms and Conditions** available on our website by [Clicking here](#).

9. DECLARATION

I have read, understood, acknowledge and agree to the declarations in this application and will abide by the conditions of membership under the policies and procedures of RDA Carine and RDAA. I warrant all information provided is true and correct. I acknowledge a copy of this Application has the same legal effect as the original.

SIGNATURE: _____ DATE: _____

10. PARENT/LEGAL GUARDIAN CONSENT (in respect to an applicant under the age of 18 years or where informed consent cannot be provided).

I have read, understood, acknowledge and agree to the declarations in this application and will abide by the conditions of membership under the policies and procedures of RDA Carine and RDAA. I warrant all the information provided is true and correct. I acknowledge a copy of this Application has the same legal effect as the original.

SIGNATURE: _____ NAME: _____ DATE: _____

Personal information is collected for the purpose of billing and contact details, statistical and data collection for marketing and reporting to government agencies. This may include the RDAA, Australian Sports Commission, Department of Disability Services, NDIS and Departments for Health and Community Care.