

REGISTRATION OF INTEREST FORM

PERSONAL DETAILS:-

First Name: _____ Surname: _____

Postal Address: _____

Suburb: _____ Post Code: _____

Contact Numbers - Home: _____ Mobile: _____

Date of Birth: ____/____/____ GENDER: Male Female

Are you an Aboriginal or Torres Strait Islander: Yes No

Are you from a Non English Speaking Background: Yes No

Are you registered with Disability SA: Yes No

INTEGRATION DIFFICULTY:-

Autism Spectrum Disorder Development Delay Illness

Intellectual Disability Neurological Disability Various / Multiple

Sensory Disability Physical Disability

PLEASE INDICATE YOUR INTEREST:-

Basketball

Bushwalking

Canoeing

Cricket

Cycling

Fishing

Football (Aussie Rules)

Futsal (Indoor Soccer)

- Gymnastics
- Horse Riding
- Indoor Cricket
- Lawn Bowls
- Netball
- Personal Fitness Program
- Rowing
- Sailing
- Sledge Hockey
- Soccer (Outdoor)
- Swimming
- Table Tennis
- Ten Pin Bowling
- Tennis
- Other
