

PARTICIPANT REGISTRATION FORM

Please complete ALL questions and return to Muscular Dystrophy SA, within 14 days to;

Amber Pyle OR Hoda Teimorzadeh
Reply Paid: PO Box 24
Torrensville Plaza
Mile End SA 5031

Please **provide as much detail as possible** to ensure we are able to best meet everyone's needs and match an appropriate buddy for you.

Name: _____

Address: _____

_____ Post Code: _____

Phone (home): _____ Mob: _____ Date of Birth: ___/___/___ Age: _____

Do you have a neuromuscular condition? YES / NO

If yes, state type: _____

Parent/Guardian/Next of Kin(if applicable)

Name/s: _____

Relationship: _____

Contact No's: Home: _____ Mob: _____ Work: _____

Other Emergency Contact (will only be used if parent/guardian cannot be contacted)

Name/s: _____

Relationship: _____

Contact No's: Home: _____ Mob: _____ Work: _____

Buddy Preferences – we will do our best to make appropriate matches based on your preferences.

I would prefer to buddy up with: (please tick – you can choose more than one option)

- | | |
|---|--|
| <input type="checkbox"/> Age under 25 | <input type="checkbox"/> Age 25 and over |
| <input type="checkbox"/> A male | <input type="checkbox"/> A female |
| <input type="checkbox"/> I have no preference | |





Dietary Requirements: If vegetarian, please specify
either:

- a) Vegetables only / b) Do not eat red meat / c) Vegan

Allergies: (please provide detailed information/action needed)

Any other information you think is important and may be helpful in relation to medical details, emergency
response/personal care/individual routine:

Mobility Needs

Please select one of the options below:

- Do not require mobility assistance
- Can walk with a little assistance or with equipment
- Must stay in my wheelchair
- Other comments/details:

GENERAL CONSENT (to be signed by parent/guardian if under 18)

I, (self/parent/guardian) _____ give my consent for (self/name of child) _____ to participate in the Muscular Dystrophy Association Inc. Buddy Up program.

- I authorise that in the event of an accident or medical problem the Muscular Dystrophy Association Inc staff and participants of the Buddy Up program may obtain any medical assistance, which they deem necessary. I agree to cover all medical expenses.
- I also indemnify the Muscular Dystrophy Association Inc. and its agents or participants of the Buddy Up program from any legal action as a result of any accident or injury incurred to my child/myself.
- I have read and completed all medical forms and have included all relevant information regarding my child/myself in relation to their/my ability level, including details of any limitation which would assist the Muscular Dystrophy Association Inc staff in assisting my child/myself effectively.
- I hereby agree to be liable for and indemnify the Muscular Dystrophy Association Incorporated, its agents, contractors, employees and participants of the Buddy Up program against any loss, claim or proceeding in respect of any injury, damage or loss whatsoever to any person or any property, real or personal (including property of the Muscular Dystrophy Association Incorporated) however arising out of, or in the course of, or by reason of my/my child's participation in Buddy Up program including where such injury, damage or loss is caused by the negligence, omissions or default of the Muscular Dystrophy Association Incorporated, its agents, contractors, employees or participants of the Buddy Up program.
- I acknowledge that in the event I should meet with any participant of the Buddy Up program outside of the scheduled date and time organised through Muscular Dystrophy SA Buddy Up program that I do so at my own risk and agree to abide by the above made statements regarding liability and indemnity of Muscular Dystrophy SA and its agents, contractors, employees and participants of the Buddy Up program.
- I acknowledge and accept that without provision of an indemnity and exclusion of liability in the terms described, the Muscular Dystrophy Association Incorporated may find it economically unviable to continue to provide the kinds of outings and services currently offered.

Signed: _____ Date: _____

CONSENT FOR PUBLICITY

- I give permission for the Muscular Dystrophy Association to video, photograph, and/or tape myself or my child whilst attending the Muscular Dystrophy Association's Buddy Up program. I understand that the Muscular Dystrophy Association may use any photographs, videos or tapes in promotional articles, TV footage, newsletters social media or the like. (I understand I have the option to state specific instructions below if required).
- I also understand that photos taken of me during social contact with buddy volunteer, may be uploaded onto Muscular Dystrophy SA's Website, Facebook or Twitter Page (I understand I have the option to state specific instructions below if required). Please Circle: YES / NO

Specific Instructions: (if any) _____

Signed: _____ Date: _____