

# SPECIAL OLYMPICS - Athlete Registration / Medical Release Form

*Special Olympics provides year-round sports training and athletic competition for persons with an intellectual disability*

**[Renewal]** Registration forms must be completed and returned by December each year  
**[New]** registrations must be completed and returned before participating as soon as forms completed

## Special Olympics REGISTRAR USE ONLY

Athlete Registration Number will be issued by new SOMS system <i>Registration period is from 1 January to 31 December</i>	Special Olympics STATE:
SOMS Registration No:	Region:

## Applicant Information

*To be completed by Applicant/Parent/Guardian/Carer or Family Member - PLEASE PRINT*

Cross One      New       Renewal       Update

Applicant's Name              
FIRST NAME      SURNAME

Home Ph Number:       Sex:  Male / Female      Date of Birth

Applicants Street Address

Suburb/Town       State       Postcode

Applicants E-mail Address

Medicare Number       Expiry Date       Pension Number

Secondary School Attended by applicant

SO Sports I would like to become involved in (please tick)?

Aquatics <input type="checkbox"/>	Athletics <input type="checkbox"/>	Basketball <input type="checkbox"/>	Boccé <input type="checkbox"/>
Cricket <input type="checkbox"/>	Golf <input type="checkbox"/>	Gymnastics <input type="checkbox"/>	Soccer <input type="checkbox"/>
Softball <input type="checkbox"/>	Tennis <input type="checkbox"/>	Tenpin Bowling <input type="checkbox"/>	Sailing <input type="checkbox"/>
Dance <input type="checkbox"/>	Winter Sports <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To qualify for acceptance into the Special Olympics program the applicant must answer YES to at least one of the following statements and include details to support the claim in the space provided below.

Is the applicant attending, or has attended, a Special School or SDS?

Is the applicant attending, or has attended, a disability service funded by the State Government?

Has the applicant been assessed as eligible for disability support by DHS?

Is the applicant in receipt of a Disability Support Pension for an intellectual disability?

Has the applicant been assessed by a legally qualified medical practitioner or qualified psychologist as having an intellectual disability? Include date of assessment if known.

Details supporting the above statement

Emergency Contact 1	Home Phone	Work/Mobile Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Parent/Guardian/Carer or Family Member Information

Parent/Guardian/Carer/Family Member Name

Home Phone       Mobile Number       Work Phone

Parent/Guardian Street Address

Suburb/Town       State       Postcode

Parent/Guardian/Carer/Family Member E-mail Address

Name of Person Completing this Form

## Applicant Medical (Physical) Examination Information

To be completed by applicants doctor or medical professional with expertise in intellectual disability  
 To participate in the Special Olympics program an applicant must be at least six years of age (for training) or eight years of age (for competition) and identified as having an intellectual disability. For the purposes of determining eligibility to participate in Special Olympics, a person is considered to have an intellectual disability if that person satisfies any one of the following requirements (please tick the eligibility criteria that best describes the named applicant).

**(a)** The person has been identified by an agency or professional as having an intellectual disability as determined by their localities

**(b)** The person has a cognitive delay as determined by standardised measures. These measures include intelligent quotient ("IQ" testing) or other measures that are generally accepted within the professional community as being a reliable measurement of the existence of a cognitive delay. With such measures, the applicant would fall within or below the 70–75 range.

**(c)** The person has a closely-related developmental disability. This means having functional limitations in both general learning, such as IQ, and in adaptive skills, such as in recreation, work, independent living, self direction or self-care.

Note: A person whose functional limitations are based solely on a physical, behavioural or emotional disability, or a specific learning or sensory disability, are not eligible to participate as Special Olympics athletes, but may be eligible to volunteer.

### Applicant Medical Examination (where appropriate please indicate your answer with a cross)

**Please Note:**

*An up-to-date medical examination, performed by a Legally Qualified Medical Practitioner, is required upon entry to the Program  
 A physical examination is required **every three years** for applicants with "YES" responses to Items 1 – 5 inclusive.  
 A physical examination is required for **all applicants with a "NEW PROBLEM"** response to questions 1-22 inclusive.  
 Applicants must submit a medical release form **every three years** whether or not an examination is necessary*

Athlete's Height	<input type="text"/>	Normal	Abnormal		Normal	Abnormal		Normal	Abnormal
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vision	<input type="checkbox"/>	<input type="checkbox"/>	Hearing	<input type="checkbox"/>	<input type="checkbox"/>
Athlete's Weight	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neck	<input type="checkbox"/>	<input type="checkbox"/>	Extremities	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin	<input type="checkbox"/>	<input type="checkbox"/>	Cranial Nerves	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Co-ordination	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Is there any evidence of the following:

1	Heart disease / heart defect / high or low blood pressure?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	New problem
2	Chest pain or fainting spells?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	New problem
3	Seizures / Epilepsy?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	New problem
4	Diabetes?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	New problem
5	Blindness / vision problem?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	New problem
6	Absence of one kidney / kidney problems?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	New problem
7	Concussion or serious head injury?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	New problem
8	Major surgery or serious illness?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	New problem
9	Heat exhaustion / stroke?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	New problem

10	Are there any other problems that may interfere with sports participation?						
11	Down Syndrome?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
	Has cervical spine (neck bone) x-rays been done?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Date of X-ray	
	Atlanto-axial instability present?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		

**Notice to Doctors:** The rules set out by Special Olympics International require that an applicant with Down Syndrome have a full radiological examination when registering as a new member to determine the absence of Atlanto-axial Instability (malalignment of the cervical vertebrae C-1 and C-2 in the neck) before he/she may participate in sports or events which may result in hyperextension, radical flexion or direct pressure on the neck or upper spine. The sports training and competition events requiring a radiological examination include butterfly stroke and diving starts in swimming, diving, pentathlon, high jump, squat lifts, equestrian sports, artistic gymnastics, soccer, alpine skiing and any warm-up exercise placing undue stress on the head and neck.

## Applicant Medical Examination Information continued

12	Impaired motor ability?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	New problem
13	Uses a wheel-chair?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	New problem
14	Allergic to the following (please indicate)						
	Medicines?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	New problem
	Insect bites?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	New problem
	Food?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	New problem
15	Any Special Dietary considerations?: _____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	New problem
16	Asthma?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	New problem
17	Tendency to bleed easily?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	New problem
18	Emotional problems / psychiatric disorder?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	New problem
19	Serious bone or joint disorder?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	New problem
20	Sickle cell trait or disease?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	New problem
21	Hearing aid / hearing problems?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	New problem
22	Haemophilia?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	New problem

**Immunisations** (Please cross YES or NO to indicate whether the applicant has been immunised against the following). If YES please include the date of the immunisation (if known).

			Date of Immunisation		
Hepatitis A	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Hepatitis B	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Hepatitis C	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
HIB (Haemophilias Influenza type B)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Meningococcal Meningitis	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
MMR (Measles, Mumps & Rubella)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Poliovirus (OPV / IPV)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
TD (Tetanus & Diphtheria Toxoids)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE PLEASE PROVIDE FURTHER DETAILS:

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## Applicant Medication Information

In accordance with Australian Sports Commission requirements and in support of the Australian Sports Drug Agency, and Special Olympics Australia Anti-Doping Policy, the following information must be recorded

**Current Prescription Medication** (if more space is needed please attach separate page)

Medication name	Amount Prescribed	Dosage Rate/Time
(i) _____ Reason for Medication _____	_____	_____
(ii) _____ Reason for Medication _____	_____	_____
(iii) _____ Reason for Medication _____	_____	_____
Allergies to medication/tablets, dressings (bandaids, tape etc): _____		

## Medical Certification

**Notice to Doctors:**

I hereby confirm that, in my capacity as a doctor/medical professional (cross out whichever is inapplicable) experienced in treatment of patients with an intellectual disability, the named applicant appears to satisfy the eligibility criteria set out on Page 1.2 and 1.3 for participation in Special Olympics programs.

<b>Doctor's Name in Full (please print)</b>	<input style="width: 100%;" type="text"/>	
<b>Qualifications (MBBS etc)</b>	<input style="width: 100%;" type="text"/>	
<b>Address of Practice</b>	<input style="width: 100%;" type="text"/>	
	<input style="width: 100%;" type="text"/>	
<b>Doctor's Signature</b>	<input style="width: 100%;" type="text"/>	
<b>Phone</b>	<input style="width: 50%;" type="text"/>	<b>Date of Examination</b> <input style="width: 50%;" type="text"/>

## Athlete/Applicant Release Declaration

I understand that I will use the facilities of Special Olympics Australia at my own risk and hereby release, discharge and agree to indemnify Special Olympics (and its volunteers, employees, servants and agents) for any harm, damage or injury to me, my property or the property of any third party arising in connection with my use of the facilities of Special Olympics. I have completed an Athlete Registration/Medical Release form. I represent and warrant that, to the best of my knowledge and belief, I am physically able to participate in Special Olympics activities. I also represent that a legally qualified medical practitioner has reviewed the health information contained in this form and has certified, based on an independent medical examination, that there is no medical evidence which would preclude me from participating in Special Olympics sports programs.

I understand that, if I am an applicant with Down Syndrome, I must have a radiological examination before I can participate in butterfly stroke, diving starts in swimming, diving, pentathlon, high jump, squat lifts, equestrian sports, artistic gymnastics, soccer, alpine skiing and any warm-up exercise placing undue stress on the head and neck.

If, during my participation in Special Olympics activities, I should require medical treatment and I am not able to give my consent or make my own arrangements for that treatment, I authorise Special Olympics to take whatever measures Special Olympics deems advisable to protect my health and well-being including if necessary, hospitalisation and I confirm that Special Olympics Regional, State or National program, where applicable will contact my parents/guardians/carers or family members as soon as practicable.

The information contained in this form has been explained to me and I fully understood and agree to the provisions of the release that I am signing. Further, I acknowledge that Special Olympics relies on the information provided by me in this form and I undertake to inform the relevant Regional and/or State Special Olympics program of any change to the information, including the health and medication information given by me in this form as soon as practicable.

<b>This release has been explained to the athlete (please circle)</b>	<input type="checkbox"/> Yes / <input type="checkbox"/> No
<b>This release was understood by the athlete (If NO, Parent/Guardian/Carer/Family Member to sign)</b>	<input type="checkbox"/> Yes / <input type="checkbox"/> No
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>Athlete's Name (please print)</b>	<b>Parent/Guardian/Carer/Family Member's Name (please print)</b>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>Athlete's Signature (if over 18)</b>	<b>Date</b>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	<b>Parent/Guardian/Carer/Family Member Signature</b>

## Athlete/Applicant Media Consent

I give permission to Special Olympics to use my likeness, name, voice or words in either television, radio, film, newspapers, magazines or any other media in any form, for the purpose of communicating the aims and activities of Special Olympics and/or applying for funds to support those aims and activities.

<b>This release has been explained to the athlete (please circle)</b>	<input type="checkbox"/> Yes / <input type="checkbox"/> No
<b>This release was understood by the athlete (If NO, Parent/Guardian/Carer/Family Member to sign)</b>	<input type="checkbox"/> Yes / <input type="checkbox"/> No
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>Athlete's Name (please print)</b>	<b>Parent/Guardian/Carer/Family Member's Name (please print)</b>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>Athlete's Signature (if over 18)</b>	<b>Date</b>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	<b>Parent/Guardian/Carer/Family Member Signature</b>

# Special Olympics Athlete Code of Conduct

To be retained by the Region

Special Olympics are committed to the highest ideals of sport and expect all athletes to honour all sports and Special Olympics Rules. All Special Olympics athletes and unified partners agree to the following code:

## Sportsmanship

- I will practice good sportsmanship.
- I will act in ways that bring respect to my coaches, my team, Special Olympics and me.
- I will not swear or use bad language.
- I will not insult other people.
- I will not fight with other athletes, coaches, volunteers or spectators.

## Training and Competition

- I will train regularly.
- I will learn and follow the rules of my sport.
- I will listen to my coaches and the officials and ask questions when I do not understand.
- I will always try my best during training, divisioning trials and competition.
- I will not "hold back" in preliminary competition just to get into an easier finals division.

## Responsibility for My Actions

- I will not make inappropriate or unwanted physical, verbal or sexual advances to others.
- I will not smoke in non-smoking areas.
- I will not drink intoxicating liquor or use illegal drugs at Special Olympics sports events.
- I will not take drugs for the purpose of improving my performance.
- I will obey all Special Olympics rules, as well as the International Federation, National Federation or Governing Body rules for my chosen sports.

I understand that if I do not obey this Code of Conduct I will be subject to a range of consequences by my Region and State Program or a Games Organising Committee for a Games Competition, up to and including not being permitted to participate in Special Olympics programs at Regional, State or National level.

This code has been explained to the applicant (please circle)

YES / NO

This code was understood by the applicant (if NO, parent/guardian to sign)

YES / NO

Copies of Code of Conduct is available on our web site: [www.specialolympics.com.au](http://www.specialolympics.com.au)

## Privacy Statement

To be retained by the Region

Special Olympics Australia only collects and stores the personal information necessary to enable it to provide a service to its members, and guarantees that all information will be handled with the strictest confidence and will not be provided to any other person or organisation without the member's express written permission.

The member, parent, carer guardian or family member may inspect the records of the member held by this organisation at any time without obligation and may change any personal details they consider necessary either via contacting the State Secretary or via the **SO** Management System (*SOMS*). Any inspection requests made to State Secretary must be in writing and addressed to: State Secretary - Special Olympics at the State address which is listed on or web site: [www.specialolympics.com.au](http://www.specialolympics.com.au)

This privacy statement has been explained to the applicant (please circle)

YES / NO

This statement was understood by the applicant (if NO, parent/guardian to sign)

YES / NO

Privacy Statement is available on our web site: [www.specialolympics.com.au](http://www.specialolympics.com.au)

<b>Applicant's Name (please print)</b>	<b>Parent/Guardian/Carer/Family Member's Name (please print)</b>	
<b>Applicant's Signature</b>	<b>Date</b>	<b>Parent/Guardian/Carer/Family Member Signature</b>

**Applicant/Athlete/Parent/Guardian Delivery Information -  
Please complete the following steps**

Step 1	Complete all parts of the Registration Form relevant to the athlete.
Step 2	Have the medical areas completed by a Legally Qualified Medical Practitioner (required for all new registrations and some renewals – see page 1.2 for instructions on this).
Step 3	Forward the Registration Form & Registration Fee to Regional Registrar who will issue a receipt.

**RENEWALS:**

Please return completed renewal forms & registration fee by December each year to Regional Registrar

**NEW OR UPDATED:**

Please send completed registration form & registration fee to Regional Registrar before participating, as soon as they are completed (any fee enquiries please contact your local Region direct.

Please insert Regional Registrar Mailing address:

Registrar name & address can be found on our web site [www.specialolympics.com.au](http://www.specialolympics.com.au) or by calling 02 8116 9833

**Regional Registrar Delivery Information - Please complete the following steps**

Step 1	Complete all parts of the Registration Form relevant to the registrar. Region will retain all 6 pages of the Registration form for each athlete.
Step 2	Enter details into SO Management System (SOMS) and activate the athlete record. The SOMS will issue national registration number immediately.
Step 3	Regional Registrar prints a report from SOMS listing all renewed / new / updated athletes and sends to State Registrar with Regional Payment only (no forms) who will issue receipt.

Please insert State Registrar Mailing address:

Registrar name & address can be found on our web site [www.specialolympics.com.au](http://www.specialolympics.com.au) or by calling 02 8116 9833

**THIS SECTION TO BE COMPLETED BY REGIONAL REGISTRAR:**

Date Received by Registrar:	<input type="text"/>	Regional Receipt No.:	<input type="text"/>
SOMS Athlete Member No:	<input type="text"/>	Date Entered in SOMS:	<input type="text"/>

Athlete's Sports available within the region and selected by athlete (to be completed by Regional Registrar):

**State Registrar Delivery Information - Please complete the following steps**

Step 4	<p>State Registrar will:</p> <p>(a) Update State details for the athlete registration on SOMS.</p> <p>(b) Issue a receipt to the Region.</p> <p><i>All details can be reviewed and sourced from SOMS Sporting Pulse.</i></p>
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"The mission of Special Olympics is to provide year-round sports training and athletic competition in a variety of Olympic-type sports for children and adults with intellectual disabilities, giving them continuing opportunities to develop physical fitness, demonstrate courage, experience joy and participate in a sharing of gifts, skills and friendship with their families, other Special Olympics athletes and the community."