

Club name	Membership (SOMS) Number
Please return this form along with your registration fee of \$30 to Club Membership Officer	
If you have any difficulty with this form, please call Special Olympics Australia on 1300 225 762.	

01. Athlete Details

Legal first name	Surname	
Preferred name	Date of birth	Gender
Address		
Suburb	State	Postcode
Phone (Home)	Phone (Mobile)	
Email		

02. Contacts

Main Contact

Relationship to athlete Parent Guardian Carer Sibling Other (Please specify)

First name	Surname
Phone (Home)	Phone (Mobile)
Email	

Contact Two

Relationship to athlete Parent Guardian Carer Sibling Other (Please specify)

First name	Surname
Phone (Home)	Phone (Mobile)
Email	

Emergency Contact

In the event that the main contact or contact two cannot be reached in case of emergency please supply an alternative emergency contact.

Relationship to athlete Parent Guardian Carer Sibling Other (Please specify)

Name	
Phone (Home)	Phone (Mobile)

03. About Special Olympics Australia

Would you like to know more about Special Olympics Australia and its programs? Yes No

04. Media Consent

I understand that photography and video recording takes place at some Special Olympics Australia sports programs, events and activities, and that I may be incidentally included in such photographs or recordings (images) and that on occasion I may be identifiable from those images. By selecting "Yes" below, I confirm that Special Olympics Australia has my permission to use and/or disclose on its behalf, and allow others to use and/or disclose, any or all such images in television, radio, film, newspapers, magazines, on the internet, and/or in other media, and in any form throughout the world solely for the purpose of publicising, promoting or communicating the purposes and activities of Special Olympics Australia. (Note: Special Olympics Australia will seek separate permissions in relation to individual athlete feature pieces.)

Yes No

05. Authorisation to Participate

Please choose **ONE OPTION** to confirm if the athlete is able to participate in Special Olympics sport.
This confirmation must be signed by a parent or carer.

This athlete is fit to participate in Special Olympics Australia sport.

OR

This athlete has medical issues which require further investigation, however the athlete is able to participate in Special Olympics Australia sport.

OR

This athlete wishes to register but is not fit to participate in Special Olympics Australia sport at this time and must be evaluated by a professional for the following concerns:

Cardiac Stage II Hypertension or greater

Neurological Other _____

A referral has been obtained Yes No

A referral has been obtained

Yes No

Signature of Parent Carer

06. Payment Details

I wish to pay the registration fee of \$30 by Cash Cheque Money order Direct deposit Credit card

Credit Card

Type of card Visa MasterCard

Card number

Expiry date (MM/YY)

CVV number

Name on card

Cardholder's signature

Please return all forms and payment to Club Membership Officer

Direct Deposit

Account name

Account number

BSB Number

AUTHORISATION

Authorisation for Minor Athlete (Under 18)

Note: to be completed by the parent/guardian of the minor athlete

I am the parent/guardian of _____ (print name), the minor athlete ("Athlete"), on whose behalf I have submitted the attached application for participation in activities and events organised or coordinated by Special Olympics Australia, its volunteers and other organisations under the Special Olympics, Inc. umbrella ("SO Activities").

By signing this form, I confirm that:

- I am the parent/guardian of the Athlete and I give permission for the Athlete to participate in SO Activities.
- I have read and will ensure the Athlete abides by the enclosed athlete's Code of Conduct.
- To the best of my knowledge and belief, the Athlete is physically and mentally able to participate in SO Activities.
- There is no medical evidence that would preclude the Athlete from participating in SO Activities.
- If, during the Athlete's participation in SO Activities, he/she should need emergency medical treatment, and I am not personally present and available to be consulted in advance of that treatment for any reason, I authorise Special Olympics Australia to take whatever measures it deems necessary to protect the Athlete's health and well-being, including, if necessary, hospitalisation. (If the Athlete has religious objections to receiving such medical treatment, please cross out this paragraph, initial and request a Special Provisions regarding Medical Treatment form).
- I have reviewed the attached completed form and I am satisfied based on that review that the information given in the form is accurate and complete.
- I have read this Authorisation and fully understand it. I understand that by signing this Authorisation, I am saying that I agree to the provisions of this Authorisation;
- I consent to the collection, use and disclosure of the personal information (including sensitive information) of the Athlete as described above.
- I understand that my personal information and personal information of any other contacts named in this form ("Contacts") will be collected, used and disclosed to the extent required to facilitate the Athlete's participation in accordance with the privacy policy available on Special Olympics Australia's website (www.specialolympics.com.au/ourwork/privacy/), and I have the permission of Contacts to provide their details in this form.

Signature of parent/guardian

Date

Name (print)