

New Participant Registration 2017

Club name	SOMS number
Please return this form along with your registration fee of \$45 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 <input type="checkbox"/> Male <input type="checkbox"/> Female
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. Medication

Please list any medications, vitamins or dietary supplements below (include inhalers, birth control, hormone therapy)

Medication, Vitamin or Supplement	Dosage	Times Per Day
01.		
02.		
03.		
04.		
05.		
06.		

Is the athlete able to administer their own medications? Yes No

03. Medication (continued)

Is the athlete allergic to any of the following (Please list)

	Allergy	Reaction/Management
Food <input type="checkbox"/> Yes <input type="checkbox"/> No		
Medication <input type="checkbox"/> Yes <input type="checkbox"/> No		
Insect Bites/Stings <input type="checkbox"/> Yes <input type="checkbox"/> No		
Latex <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other <input type="checkbox"/> Yes <input type="checkbox"/> No		

No known allergies

Does the athlete have any medical treatment restrictions or religious objections to medical treatments? Yes No

04. General Information

The following information will help Special Olympics Australia to better understand and support our members. Individual details will not be shared without permission, but any information provided may be used on an anonymous basis to provide an overview of our members.

Does the athlete identify as being of Aboriginal or Torres Strait Islander background? Yes No

Do you identify with an ethnic group? Yes No If 'Yes' please provide details

Is this athlete a student? Yes No Institution

Is this athlete employed? Yes No Employer

Living arrangements Live at home Live independently Live in group home

05. Healthcare Assessment (to be completed by a medical practitioner)

Identifying Persons with Intellectual disabilities

A person is considered to have an intellectual disability for purposes of determining his or her eligibility to participate in Special Olympics if that person satisfies any one of the following requirements:

The person has been identified by an agency or professional as having an intellectual disability as determined by their localities;

OR

The person has a cognitive delay, as determined by standardized measures such as intelligent quotient or "IQ" testing or other measures which are generally accepted within the professional community in that Accredited Program's nation as being a reliable measurement of the existence of a cognitive delay;

OR

The person has a closely related developmental disability. A "closely related developmental disability" 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). However, persons 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 participate in other Special Olympics activities please contact your club membership officer for further information

Does the athlete have an intellectual disability as per the above definition? Yes No

OR have 1 of the below conditions

Does the athlete have (tick all that apply)

Autism Down Syndrome Fragile X Syndrome Cerebral Palsy Foetal Alcohol Syndrome

Other (Please specify)

06. Authorisation to Participate

to be completed by medical practitioner

Please choose ONE OPTION to confirm if the athlete is able to participate in Special Olympics sport. This confirmation must be signed by an adult athlete (over 18), 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.

A referral has been obtained Yes No

OR

This athlete wishes to renew their athlete registration 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

Signature of Medical Practitioner

07. 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. Yes No
(Note: Special Olympics Australia will seek separate permissions in relation to individual athlete feature pieces.)

08. Payment Details

I wish to pay the registration fee of \$45 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 Adult Athlete (Over 18)

Note: Part 1 must be completed by the Adult Athlete. Part 2 must be completed by their parent/guardian/carer or other responsible adult.

Part 01: Athlete

I, _____ (printname), am at least 18 years old and 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 to the best of my knowledge and belief, I am physically and mentally able to participate in SO Activities.
- I confirm that there is no medical evidence that would stop me from safely participating in SO activities.
- I confirm that I have read and agree to abide by the enclosed Athlete Code of Conduct.
- I agree that if, during my participation in SO Activities, I need emergency medical treatment, and I am not able to give my consent or make my own arrangements for that treatment for any reason, Special Olympics Australia may take whatever measures it deems necessary to protect my health and well-being, including, if necessary, hospitalisation. (If you have religious objections to receiving such medical treatment, please cross out this paragraph, initial and request a Special Provisions regarding Medical Treatment form).
- I consent to the collection, use and disclosure of my personal information (including sensitive information) as described in the Privacy Statement enclosed. The privacy policy is available on Special Olympics Australia's website (www.specialolympics.com.au/ourwork/privacy).
- I, the athlete named above, have read the provisions of the Authorisation that I am signing. I understand that by signing this paper, I am saying that I agree to the provisions of this Authorisation.

Signature of Adult Athlete

Date

Part 02: Parent/Guardian/Carer/Responsible Adult

By signing this form, I confirm that:

- I am the parent, guardian, carer for, or am otherwise responsible for, the athlete named on this form ("Athlete").
- I am happy for the Athlete to participate in SO Activities.
- I have reviewed this Authorisation and the attached completed registration form with the Athlete.
- I am satisfied based on that review that the information given in the form is accurate and complete and the Athlete understands this Authorisation and has agreed to its terms.
- 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/carer or other responsible adult

Date

Name (print)

Relationship to athlete

Authorisation for Minor Athlete (Under 18)

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

I am the parent/guardian of _____ (printname), 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)