Renewing Recreational Member Registration 2018

Special Olympics Australia

This membership allows participation in 2 club sports only

Club name | Membership (SOMS) Number

Please return this form along with your registration fee of $55 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. 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	☐ Yes ☐ No		
Medication	☐ Yes ☐ No		
Insect Bites/Stings	☐ Yes ☐ No		
Latex	☐ Yes ☐ No		
Other	☐ Yes ☐ No		

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 speak a language other than English? ☐ Yes ☐ No — If 'Yes' please provide

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. 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 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 ☐ Adult Athlete ☐ Parent ☐ Carer .....

06. 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**

07. Payment Details

I wish to pay the registration fee of $55 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, _____ (print name), 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 _____ (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)	

Special Olympics Australia

Privacy Statement

Special Olympics Australia (ABN 28 050 738 728) delivers sports programs and events ("we", "us"). Thank you for registering to participate in our sports programs and events. You may contact us at privacy@specialolympics.com.au or by writing to Special Olympics Australia, PO Box 62 CONCORD WEST NSW 2138

We collect personal information you provide to us and personal information we obtain through your participation in our sports programs and activities. For example, we keep records of athletes' performance at our sports programs and events. We also take photos at our sports programs and events, and you may occasionally be identifiable from those photos.

We collect your personal information for the purposes of promoting, administering and running our charitable activities and events (e.g. national and international sporting events). We also use your personal information to contact you to keep you informed about matters related to Special Olympics Australia activities or provide information or services you have requested.

We collect sensitive information about you (including your health information) directly from you and/or from your parent or guardian on your behalf (including information from your medical practitioner). We use this information in order to verify your eligibility to participate in Special Olympics Australia sports programs and events, to ensure you are appropriately placed in particular events and to minimise risks associated with participating in events. We will not use or disclose your sensitive information in any other manner unless required or authorised to do so by law or if we have your consent.

We may share, transfer or disclose personal information we collect about you, including your sensitive information, with our local Special Olympics Australia offices, our third party service providers, accrediting sporting bodies (e.g. Special Olympics, Inc.) and volunteers for the above purposes. Some of these persons may be located outside Australia. For example, our data hosting service provider and Special Olympics, Inc. are located in the U.S.A. In particular, if you are to travel overseas in connection with Special Olympics Australia and/or Special Olympics, Inc. activities, we will share relevant personal information (including relevant information from your Healthcare Assessment Form) with the overseas organisers of those activities.

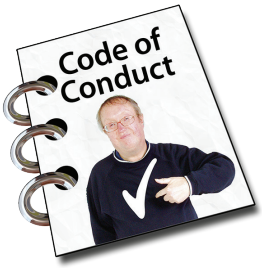
If you do not provide personal information when requested, this may limit the services we can offer you and/or your ability to support Special Olympics Australia. For example, you may not be able to participate in our sports programs and events or we may not be able to provide you with updates on our activities.

Your personal information will be handled in accordance with our privacy policy and any consents you have given. Our privacy policy details how you can access, correct or complain about the handling of your personal information, and how we will respond to your requests or complaints.

Our privacy policy is available at: *www.specialolympics.com.au/ourwork/privacy*

Athlete Code of Conduct

Easy Read Version



This Code of Conduct shows how you are expected to behave at sport, competition and social events.

I will show respect, trust and sportsmanship.

I will play by the rules.

I will respect myself and others.

I will give my personal best at all times.

Special Olympics Australia

I will speak in a positive manner.

I will participate for my own enjoyment and benefit.

I will act responsibly in relation to smoking and drinking alcohol. I will not use illegal drugs.

I will not abuse, threaten or bully others.

I agree to follow this Code of Conduct.
I agree to show good behaviour.
If I don't, I might not be able to play.

To view the full code of conduct please visit www.specialolympics.com.au/members

Let me win.
But if I cannot win, let me be brave in the attempt.

Athlete Oath