

SPECIAL OLYMPICS – NEW Subscription for ATHLETES

Special Olympics provides year-round sports training & competition for people with an intellectual disability
In order to assist National, State and Regional Committees, a subscription of \$70 per athlete per annum is requested. However no athlete will be deprived of the SO experience because of financial hardship; please see our policy at www.specialolympics.com.au



Today's Date: _____ State: _____ Region: _____

How did you hear about Special Olympics? _____

1. Contact Details

Name _____
FIRST NAME _____ SURNAME _____
Gender: Male / Female Date of Birth: _____
Street Address _____
Suburb/Town _____ State _____ Postcode _____
POSTAL Address if different: _____
Home Ph Number: _____ Work Ph Number: _____
Mobile Number: _____ E-mail Address _____

2. Parent/Guardian/Carer or Family Member Information

Parent/Guardian/Carer/Family Member Name 1 _____
Home Phone 1 _____ Mobile Number 1 _____
Parent/Guardian/Carer/Family Member E-mail Address 1 _____
Parent/Guardian/Carer/Family Member Name 2 _____
Home Phone 2 _____ Mobile Number 2 _____
Parent/Guardian/Carer/Family Member E-mail Address 2 _____
Your Emergency contact should be the person we would call in case of an emergency – if this is your parents just write "as above".
Emergency Contact Name _____ Emergency Contact Home Phone _____ Emergency Contact Work/Mobile Phone _____

3. Medical Information

Any Medical Conditions: _____
Any Allergies: _____
Medicare Number _____ Expiry Date _____ Pension Number _____
Special Dietary Needs: _____
Religious objections to treatment: _____ Requires Wheelchair Access YES / NO _____
Private Medical Insurance provider: _____ Member No.: _____

4. General Information

Secondary School Attended by applicant _____
Are you a member of Gymnastics Australia? If Yes what is your membership number _____
Are you a member of Swimming Australia? If Yes what is your membership number _____
Please tick which SO Sports you would like to participate in? *NB: Not all sports are offered in every region*
Alpine Skiing Cross Country Skiing Gymnastics – Artistic Softball
Aquatics (swimming) Figure Skating Gymnastics – Rhythmic Speed Skating
Athletics Floor Hockey Sailing Tennis
Basketball Football (Soccer) Snowboarding Tenpin Bowling
Bocce Golf Snowshoeing Other _____
Cricket

Please return this form and \$70 subscription, a colour passport photo (electronically preferred) to your Regional Registrar
Go to www.specialolympics.com.au for Regional Registrar contact details

Please review the following and sign the form.

Media consent

I agree/disagree (*circle one*) to allow Special Olympics to feature me in any promotional material to support the organisation whether this is on television, radio, print or online.

Athlete Release

By signing below, I understand that I will use the facilities of Special Olympics Australia at my own risk and I will not hold Special Olympics responsible for any harm to me or my property. I confirm that I am physically able to participate in Special Olympics and that this has been certified by a medical practitioner. If I require medical treatment while participating in Special Olympics I authorise Special Olympics to take whatever measures necessary to protect my health, including hospitalisation. I understand that Special Olympics will contact my family/carers as soon as possible.

Privacy

By signing below, I understand that Special Olympics Australia will collect and store some of my personal information. I also understand that this information will be handled in confidence and that I can change or access my records at any time by contacting the State Secretary in writing. Special Olympics Australia will ask me to update this information every four years. In the meantime, if there is any change to my information, including medical details, I will inform my regional registrar, coach or Special Olympics Australia as soon as possible.

Athlete Code of Conduct

YES 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. 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 International Federation, National Federation or Governing Body rules for my chosen sports.

Authorisation

The information in this form has been explained to me and I agree to the provisions of this form.

Athlete name: _____ Region: _____

Athlete signature: _____ Date: ____/____/____

Person assisting athlete with this form: _____

Signature: _____ Date: ____/____/____

Please submit this form with your subscription of \$70 to your Regional Registrar. Cheques and money orders should be made out to Special Olympics. If you require an invoice please complete the details below.

Name or company _____

Address _____

Medical Clearance

Please complete and sign this form with your doctor or specialist and provide it to your regional registrar before your next training session or competition. Without a valid medical clearance from a medical professional you may be ineligible to participate in Special Olympics training and competition.

Today's Date: _____ State: _____ Region: _____

Athletes Name: _____ Date of Birth: _____

Dear Medical Practitioner

Special Olympics Australia provide year-round sports training and competition for people with an intellectual disability across a range of sports.

As part of our safety and eligibility requirements all athletes in our program are required to get clearance from a medical professional confirming they meet the eligibility criteria and are considered physically able to participate in their chosen sport.

To be eligible to participate in Special Olympics, athletes must be identified by a medical practitioner as having an intellectual disability, cognitive delay or developmental disability as determined by standardised measures such as an IQ test falling within or below the 70–75 range or other measures that are generally accepted within the professional community.

Please note that a person, whose functional limitations are based solely on a physical, behavioural or emotional disability, or a specific learning or sensory disability, may not be eligible to participate as a Special Olympics athlete.

If you could take the time to complete the form on the reverse it would be greatly appreciated.

Kind regards
Special Olympics Australia

Eligibility

Is the applicant attending, or has attended, a special school, special education unit or SDS? Yes / No

Is the applicant attending, or has attended, a disability service funded by the State Government? Yes / No

Is the applicant in receipt of a Disability Support Pension for an intellectual disability? Yes / No

Has the applicant been identified by a medical practitioner as having an intellectual disability or closely-related developmental disability? Yes / No

Has the applicant been identified by a medical practitioner as having cognitive delay? Yes / No

List the type of intellectual disability, cognitive delay, or closely related developmental disability?

Down Syndrome athletes

Applicants with Down Syndrome must have a cervical x-ray and examination before participating in Special Olympics to ensure they are fit to play sport.

Date X-ray taken: ____/____/____ Atlanto-axial instability present in X-rays? Yes No

Allergies or Medical Conditions to note

This Applicant is allergic to: _____

This Applicant has these conditions: _____

Certification

I confirm that in my capacity as a doctor/medical practitioner that the named applicant appears to satisfy the eligibility criteria for Special Olympics and I believe that the applicant is able to participate in physical activities.

Doctor's name: _____

Address of practise: _____

Phone: _____ Medicare Provider Number: _____

Signature: _____ Examination date ____/____/____

Please return this form to your Regional Registrar.