

Young athlete 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 _____ Male 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. Sport

Does this athlete play sport outside of Special Olympics Australia? Please list the name of the sport and the club name.

Sport _____ Club name _____

04. 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. _____	_____	_____

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

04. 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

05. 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

06. 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

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, 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, 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 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)
