

# New Athlete Registration 2022

Club name

Membership (SOMS) number (Will be provided when you have been registered)

Please return this form along with your registration fee of \$75 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. 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

How did you hear about Special Olympics Australia?

What sports will you be doing with Special Olympics Australia?

Are you an NDIS Participant  Yes  No  Prefer not to say

If 'Yes' What type of plan are you on:  Self Managed  Plan managed  Agency Managed  Combination Plan

Have you been vaccinated against COVID-19?  Yes  No

If No - Are you intending to get vaccinated?  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. Payment Details

I wish to pay the registration fee of \$75 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

Please contact your local club for bank details.

**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)

Athlete's Name

Height	Weight	Temperature
Blood Pressure Right	Blood Pressure Left	
Left vision 6 /12 or better <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Left hearing (Finger Rub) <input type="checkbox"/> Responds <input type="checkbox"/> No Response <input type="checkbox"/> Can't Evaluate	
Right vision 6/12 or better <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Right hearing (Finger Rub) <input type="checkbox"/> Responds <input type="checkbox"/> No Response <input type="checkbox"/> Can't Evaluate	
Left Ear Canal <input type="checkbox"/> Clear <input type="checkbox"/> Cerumen <input type="checkbox"/> Foreign Body	Left Tympanic Membrane <input type="checkbox"/> Clear <input type="checkbox"/> Perforation <input type="checkbox"/> Infection	
Right Ear Canal <input type="checkbox"/> Clear <input type="checkbox"/> Cerumen <input type="checkbox"/> Foreign Body	Right Tympanic Membrane <input type="checkbox"/> Clear <input type="checkbox"/> Perforation <input type="checkbox"/> Infection	
Left upper extremity reflex <input type="checkbox"/> Normal <input type="checkbox"/> Diminished <input type="checkbox"/> Hyperreflexia	Right upper extremity reflex <input type="checkbox"/> Normal <input type="checkbox"/> Diminished <input type="checkbox"/> Hyperreflexia	
Left lower extremity reflex <input type="checkbox"/> Normal <input type="checkbox"/> Diminished <input type="checkbox"/> Hyperreflexia	Right lower extremity reflex <input type="checkbox"/> Normal <input type="checkbox"/> Diminished <input type="checkbox"/> Hyperreflexia	
Abdominal Tenderness <input type="checkbox"/> No <input type="checkbox"/> Ruq <input type="checkbox"/> Rlq <input type="checkbox"/> Luq <input type="checkbox"/> Llq		
Kidney Tenderness <input type="checkbox"/> No <input type="checkbox"/> Right <input type="checkbox"/> Left	Oral Hygiene <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Splenomegaly <input type="checkbox"/> Yes <input type="checkbox"/> No
Bowel Sounds <input type="checkbox"/> Yes <input type="checkbox"/> No	Hepatomegaly <input type="checkbox"/> Yes <input type="checkbox"/> No	Thyroid Enlargement <input type="checkbox"/> Yes <input type="checkbox"/> No
Lymph Node Enlargement <input type="checkbox"/> Yes <input type="checkbox"/> No	Lungs <input type="checkbox"/> Clear <input type="checkbox"/> Not clear	Heart Rhythm <input type="checkbox"/> Regular <input type="checkbox"/> Irregular
Heart Murmur (supine) <input type="checkbox"/> No <input type="checkbox"/> 1/6 or 2/6 <input type="checkbox"/> 3/6 or greater	Heart Murmur (upright) <input type="checkbox"/> No <input type="checkbox"/> 1/5 or 2/5 <input type="checkbox"/> 3/5 or greater	
Abnormal Gait <input type="checkbox"/> No <input type="checkbox"/> Yes, describe		
Spasticity <input type="checkbox"/> No <input type="checkbox"/> Yes, describe		
Tremor <input type="checkbox"/> No <input type="checkbox"/> Yes, describe		
Neck & Back Mobility <input type="checkbox"/> Full <input type="checkbox"/> Not full, describe		
Upper Extremity Mobility <input type="checkbox"/> Full <input type="checkbox"/> Not full, describe		
Lower Extremity Mobility <input type="checkbox"/> Full <input type="checkbox"/> Not full, describe		
Lower Extremity Strength <input type="checkbox"/> Full <input type="checkbox"/> Not full, describe		
Upper Extremity Strength <input type="checkbox"/> Full <input type="checkbox"/> Not full, describe		
Radial Pulse Symmetry <input type="checkbox"/> Yes <input type="checkbox"/> R>L <input type="checkbox"/> L>R		
Loss of Sensitivity <input type="checkbox"/> No <input type="checkbox"/> Yes, describe		
Cyanosis <input type="checkbox"/> No <input type="checkbox"/> Yes, describe		
Clubbing <input type="checkbox"/> No <input type="checkbox"/> Yes, describe		
Left Leg Oedema <input type="checkbox"/> No <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+	Right Leg Oedema <input type="checkbox"/> No <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+	

## 06. Healthcare Assessment Form (continued)

TO BE COMPLETED BY MEDICAL PRACTITIONER

Athlete does not have any neurological symptoms or physical findings that could be associated with spinal cord compression or atlantoaxial instability

Athlete has neurological symptoms or physical findings that could be associated with spinal cord compression or atlantoaxial instability and therefore must receive an additional neurological evaluation to rule out additional risk of spinal cord injury prior to clearance for sports participation.

Please choose **ONE OPTION** to confirm if the athlete is able to participate in Special Olympics sport.

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

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

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:

**OR**

A referral has been obtained  Yes  No

**OR**

Cardiac  Stage II Hypertension or greater  
 Neurological  Other \_\_\_\_\_

A referral has been obtained  Yes  No

Signature of Medical Practitioner

Date

Name

Email

Phone

Provider Number

### TO BE COMPLETED BY MEDICAL PRACTITIONER/ATHLETE/PARENT/GUARDIAN/CARER

Has the athlete ever had any of the following conditions?

Dizziness during or after exercise

Yes  No

Irregular, racing or skipped heart beats

Yes  No

Heart Valve Disease

Yes  No

Headache during or after exercise

Yes  No

Congenital Heart Defect

Yes  No

Heart Murmur

Yes  No

Chest pain during or after exercise

Yes  No

Heart Attack

Yes  No

Vision Impairment

Yes  No

Shortness of breath during or after exercise

Yes  No

Cardiomyopathy

Yes  No

Hearing Impairment

Yes  No

Endocarditis

Yes  No

Any difficulty controlling bowels or bladder

Yes  No

If yes, is this new or worse in the past 3 years?  New  Worse

Numbness or tingling in legs, arms, hands or feet

Yes  No

If yes, is this new or worse in the past 3 years?  New  Worse

Weakness in legs, arms, hands or feet

Yes  No

If yes, is this new or worse in the past 3 years?  New  Worse

Head Tilt

Yes  No

If yes, is this new or worse in the past 3 years?  New  Worse

Paralysis

Yes  No

If yes, is this new or worse in the past 3 years?  New  Worse

Epilepsy or any type of seizure disorder

Yes  No

If yes, is this new or worse in the past 3 years?  New  Worse

Seizure during the past year

Yes  No

If yes, is this new or worse in the past 3 years?  New  Worse

Spasticity

Yes  No

If yes, is this new or worse in the past 3 years?  New  Worse

Burner, stinger, pinched nerve or pain in the neck, back, shoulders, arms, hands, buttocks, legs or feet

Yes  No

If yes, is this new or worse in the past 3 years?  New  Worse

Is the athlete able to administer his or her own medications?  Yes  No

Athlete Signature (only if own guardian)

Date

Legal Guardian Signature (only if not own guardian)

Date

**07. Medical Referral**

**ONLY to be used if the athlete has not been cleared for sports participation**

Athlete's Name

Examiners Name

Speciality

I have examined this athlete for the following medical concern(s)

Please describe

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In my professional opinion, this athlete may participate in Special Olympics Australia sports (see to the right for restrictions or limitations)  Yes  No

Additional Practitioners Notes

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Medical Practitioner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Provider 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](http://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.

<b>Signature of Adult Athlete</b>	<b>Date</b>
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### 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](http://www.specialolympics.com.au/ourwork/privacy)), and I have the permission of Contacts to provide their details in this form.

<b>Signature of parent/guardian/carer or other responsible adult</b>	<b>Date</b>
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<b>Name (print)</b>	<b>Relationship to athlete</b>
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## 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/](http://www.specialolympics.com.au/ourwork/privacy/)), and I have the permission of Contacts to provide their details in this form.

<b>Signature of parent/guardian</b>	<b>Date</b>
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<b>Name (print)</b>	
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