

Athlete Leadership **ATHLETE EXPRESSION OF INTEREST FORM**

To express your interest in participating in Athlete Leadership in 2022, please complete this form and return it to info.wa@specialolympics.com.au by **Saturday 30 April 2022**.

Athlete details

Full Name:	
Member ID:	
Postal Address:	
Phone number:	
Email address:	
T-shirt size:	
Dietary requirements (if any):	
Medical conditions and/or additional support requirements (if any):	

Emergency contact information

Contact Name:	
Relationship to Athlete:	
Phone Number:	
Email Address:	

Athlete questionnaire

Please tell us why you want to participate in Athlete Leadership.

We would like to know what you want to achieve out of the training and why it's of interest to you.

Please provide us with a summary about yourself.

We would like to learn about you, your achievements, and experiences to date. This may include the programs/sports you participate in and any achievements you're proud of, or external activities you do. (eg. Sports you do, programs you've participated in, etc.)

Give us an example of when you have shown leadership.

We would like to know your level of experience in leadership positions to date. (eg. Sport leader, representing a team, presenting at an event, etc.)

Please outline your hobbies and interests

This information will help us pair you with a mentor with similar interests. (eg. sports, travel, movies, etc.)

Please share with us any additional information you'd like us to know

Declaration

I declare that I have read, understand, and agree to the following terms and conditions applicable to 2022 Special Olympics Western Australia Athlete Leadership:

- I confirm that I meet the athlete eligibility criteria to participate in Special Olympics Western Australia Athlete Leadership.
- I confirm that I have advised Special Olympics Australia of my medical conditions and of any subsequent medical requirements via Special Olympics Western Australia Athlete Leadership Expression of Interest Form.
- In the event of an emergency, I hereby permit Special Olympics representatives to seek medical attention for me.
- I agree to always participate in the Athlete Leadership training in accordance with the Special Olympics Athlete's Code of Conduct.

Name: _____

Signature: _____ Date: _____