



SPECIAL OLYMPICS - Athlete RE-REGISTRATION

This form is for **Renewal only** Registrations and must be completed and returned by December this year.
Registration Fee is \$70 per year per athlete and registration period is from 1 January to 31 December

Special Olympics REGISTRAR USE ONLY

Special Olympics STATE:	Region:
SOMS Registration No:	Date First Joined SO:

1. Applicant Information

Sections 1-7 to be completed by Applicant/Parent/Guardian/Carer or Family Member – PLEASE PRINT

Name and Phone of Person Completing this Form

Applicant's Name

FIRST NAME SURNAME

Home Ph Number: Sex: Male / Female Date of Birth

Mobile Number: Work Ph:

Applicants Street Address

Suburb/Town State Postcode

Applicants Postal Address if Different

Applicants E-mail Address

Medicare Number Expiry Date Pension Number

Private Medical Insurance provider: Member No.: Religious objections to treatment:

Secondary School Attended by applicant

Sports you are currently participating in are: (please tick the box below):

Aquatics (swimming) <input type="checkbox"/>	Athletics <input type="checkbox"/>	Basketball <input type="checkbox"/>	Boccé <input type="checkbox"/>
Cricket <input type="checkbox"/>	Golf <input type="checkbox"/>	Gymnastics <input type="checkbox"/>	Football (Soccer) <input type="checkbox"/>
Softball <input type="checkbox"/>	Tennis <input type="checkbox"/>	Tenpin Bowling <input type="checkbox"/>	Sailing <input type="checkbox"/>
Dance <input type="checkbox"/>	Ice Skating <input type="checkbox"/>	Alpine Skiing/Boarding <input type="checkbox"/>	<input type="checkbox"/>

2. Parent/Guardian/Carer or Family Member Information

Parent/Guardian/Carer/Family Member Name 1

Home Phone Mobile Number Work Phone

Parent/Guardian Street Address

Suburb/Town State Postcode

Parent/Guardian/Carer/Family Member E-mail Address

Parent/Guardian/Carer/Family Member Name 2

Home Phone Mobile Number Work Phone

Parent/Guardian Street Address

Suburb/Town State Postcode

Parent/Guardian/Carer/Family Member E-mail Address

Emergency Contact Name	Emergency Contact Home Phone	Emergency Contact Work/Mobile Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Applicant Medical Examination

There is NO requirement to take this to the Doctor unless your medical condition has changed. If anything has changed please indicate below:

Please list Allergies / Special Dietary Needs:

4. Athlete/Applicant Release Declaration

I understand that I will use the facilities of Special Olympics Australia at my own risk and hereby release, discharge and agree to indemnify Special Olympics (and its volunteers, employees and agents) for any harm, damage or injury to me, my property or the property of any third party arising in connection with my use of the facilities of Special Olympics. I have completed an Athlete Registration form. I represent and warrant that, to the best of my knowledge and belief, I am physically able to participate in Special Olympics activities, and that there is no medical reason which would preclude me from participating in Special Olympics sports programs.

I understand that, if I am an applicant with Down Syndrome, I must have a radiological examination before I can participate in butterfly stroke, diving starts in swimming, diving, pentathlon, high jump, squat lifts, equestrian sports, artistic gymnastics, soccer, alpine skiing and any warm-up exercise placing undue stress on the head and neck.

If, during my participation in Special Olympics activities, I should require medical treatment and I am not able to give my consent or make my own arrangements for that treatment, I authorise Special Olympics to take whatever measures Special Olympics deems advisable to protect my health and well-being including if necessary, hospitalisation and I confirm that Special Olympics Regional, State or National program, where applicable will contact my parents/guardians/carers or family members as soon as practicable.

The information contained in this form has been explained to me and I fully understood and agree to the provisions of the release that I am signing. Further, I acknowledge that Special Olympics relies on the information provided by me in this form and I undertake to inform the relevant Regional and/or State Special Olympics program of any change to the information, including the health and medication information given by me in this form as soon as practicable.

This release has been explained to and acknowledged by athlete (please circle and sign below) Yes / No
 If under 18 or not able to understand release, can be acknowledged by Parent/Guardian and sign below) Yes / No

5. Athlete/Applicant Media Consent

I (please circle one option) give / do not give permission to Special Olympics to use my likeness, name, voice or words in either television, radio, film, newspapers, magazines or any other media in any form, for the purpose of communicating the aims and activities of Special Olympics and/or applying for funds to support those aims and activities.

Consent has been explained to and granted by athlete (please circle and sign below) Yes / No
 If under 18 or not able to understand consent, consent can be granted by Parent/Guardian and sign below) Yes / No

6. Special Olympics Athlete Code of Conduct

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.

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.

This code has been explained to and acknowledged by athlete (please circle and sign below) Yes / No
 If under 18 or not able to understand code, can be acknowledged by Parent/Guardian and sign below) Yes / No

7. Special Olympics Privacy Statement

Special Olympics Australia only collects and stores the personal information necessary to enable it to provide a service to its members, and guarantees that all information will be handled with the strictest confidence. The athlete, parent, carer guardian or family member may inspect the records of the athlete held by this organisation at any time without obligation and may change any personal details they consider necessary either via contacting the State Secretary or via the SO Management System (SOMS). Any inspection requests made to State Secretary must be in writing and addressed to: State Secretary - Special Olympics at the State address which is listed on or web site. www.specialolympics.com.au

This privacy statement has been explained and acknowledged by athlete (please circle and sign below) Yes / No
 If under 18 or not able to understand statement, can be acknowledged by Parent/Guardian and sign below) Yes / No

Applicant's Name (please print)	Parent/Guardian/Carer/Family Member's Name (please print)	
Applicant's Signature	Date	Parent/Guardian/ Signature

Please complete and submit with photo and \$70 cheque or money order to your local **Regional Registrar**
 DETAILS OF REGISTRAR are on www.specialolympics.com.au click on Locations. If you are unsure which region call 1300 225 762 or 02 8116 9833 for clarification.