



Amount Due: \$10
12 months membership
2008

Special Olympics ACT Region

Special Olympics is a sports training and athletic competition program for athletes with an intellectual disability.

APPLICATION FOR SUPPORT MEMBERSHIP to Special Olympics ACT Region

Support Member Registration
Number:

ACTR - S - _____ /2008

SECTION A:

APPLICANT INFORMATION

Full Name:

Gender:

Male: Female:

Date of Birth:

Residential
Address:

State: _____ Postcode: _____

Postal Address:

State: _____ Postcode: _____

E-Mail:

Phone Numbers:

hm: _____ wk: _____ mob: _____

I am interested in receiving:

- Special Olympics ACT Region newsletters
- General Notices
- Social Events eg discos, dinners
- Special Olympics Australia online fortnightly newsletter 'E-Cooee'
- Any other items that would usually be posted out

If you are only interested in some or all of the above items, please now go to the Applicant Release Section, and then sign.

If you are also interested in volunteering in some capacity, please continue.

Return completed form and fee to: Special Olympics ACT Region, PO Box 1129, Dickson ACT 2602

SECTION B:**APPLICANT'S LEVEL OF INVOLVEMENT**

I am interested in becoming more involved in Special Olympics in the following ways:

- | | | |
|---|--|--|
| <input type="checkbox"/> Helping out on the committee | <input type="checkbox"/> regularly | <input type="checkbox"/> occasionally |
| <input type="checkbox"/> Special Functions | <input type="checkbox"/> social events | <input type="checkbox"/> sporting events |
| <input type="checkbox"/> Sports <i>(please complete next section)</i> | <input type="checkbox"/> training sessions | <input type="checkbox"/> competitions |

SPORT PREFERENCES

Please tick the sport/s and area/s you'd like to be involved with

CURRENT SPORTS

- Basketball
- Bocce
- Golf
- Swimming
- Tennis
- Tenpin Bowling
- Track and Field

- Cricket
- Gymnastics
-

POSSIBLE FUTRUE SPORTS

- Soccer
- Softball
- Ice Skating

I'D LIKE TO HELP WITH:

- Coaching
- Assisting the Coach
- Training Sessions
- Competitions
- Transportation
- Catering
- other _____

SECTION C:**MEDICAL INFORMATION**

If I accompany athletes on any away trip as a carer or member of staff, I agree to complete a medical form which includes information such as any medical conditions I may have or medications I may take, details of next of kin and any other relevant information.

This information will be sealed in an envelope and only opened in the event of an accident/incident where I cannot speak for myself. Upon returning home this envelope and the information contained therein will be returned to me.

SECTION D:**APPLICANT INFORMATION RELEASE**

Permission is given to Special Olympics to use my likeness, name, voice or words in either television, radio, film, newspapers or magazines and 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.

I fully understand the information contained in this release and agree to the provisions of the release that I am signing.

- YES NO

Applicant's Signature (under 18)

Applicant's Signature (over 18)

Parent/Guardian Signature (if applicant is under 18)

DATE

. .20__

Office Use Only:

\$10 - full payment - 12 months registration - 2008

Receipt Number: _____

Paid by cheque / money order / cash (circle)

Membership fees received by

Date:

Entered into D'base: