

# New Athlete Registration 2018



Club name

Membership (SOMS) number

Please return this form along with your registration fee of \$105 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. 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.

04.

05.

06.

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

### 03. 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

### 04. 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

### 05. 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

### 06. Payment Details

I wish to pay the registration fee of \$105 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

**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  Yes  No  N/A Left hearing (Finger Rub)  Responds  No Response  Can't Evaluate

Right vision 6/12 or better  Yes  No  N/A Right hearing (Finger Rub)  Responds  No Response  Can't Evaluate

Left Ear Canal  Clear  Cerumen  Foreign Body Left Tympanic Membrane  Clear  Perforation  Infection

Right Ear Canal  Clear  Cerumen  Foreign Body Right Tympanic Membrane  Clear  Perforation  Infection

Left upper extremity reflex  Normal  Diminished  Hyperreflexia Right upper extremity reflex  Normal  Diminished  Hyperreflexia

Left lower extremity reflex  Normal  Diminished  Hyperreflexia Right lower extremity reflex  Normal  Diminished  Hyperreflexia

Abdominal Tenderness  No  Ruq  Rlq  Luq  Llq

Kidney Tenderness  No  Right  Left Oral Hygiene  Good  Fair  Poor Splenomegaly  Yes  No

Bowel Sounds  Yes  No Hepatomegaly  Yes  No Thyroid Enlargement  Yes  No

Lymph Node Enlargement  Yes  No Lungs  Clear  Not clear Heart Rhythm  Regular  Irregular

Heart Murmur (supine)  No  1/6 or 2/6  3/6 or greater Heart Murmur (upright)  No  1/5 or 2/5  3/5 or greater

Abnormal Gait  No  Yes, describe

Spasticity  No  Yes, describe

Tremor  No  Yes, describe

Neck & Back Mobility  Full  Not full, describe

Upper Extremity Mobility  Full  Not full, describe

Lower Extremity Mobility  Full  Not full, describe

Lower Extremity Strength  Full  Not full, describe

Upper Extremity Strength  Full  Not full, describe

Radial Pulse Symmetry  Yes  R>L  L>R

Loss of Sensitivity  No  Yes, describe

Cyanosis  No  Yes, describe

Clubbing  No  Yes, describe

## 07. 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

## 08. 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

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

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.

Signature of Adult Athlete

Date

### 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.

Signature of parent/guardian/carer or other responsible adult

Date

Name (print)

Relationship to athlete

## 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.

Signature of parent/guardian

Date

Name (print)

## Privacy Statement

Special Olympics Australia (ABN 28 050 738 728) delivers sports programs and events ("we", "us"). Thank you for registering to participate in our sports programs and events. You may contact us at [privacy@specialolympics.com.au](mailto:privacy@specialolympics.com.au) or by writing to Special Olympics Australia, PO Box 62 CONCORD WEST NSW 2138

We collect personal information you provide to us and personal information we obtain through your participation in our sports programs and activities. For example, we keep records of athletes' performance at our sports programs and events. We also take photos at our sports programs and events, and you may occasionally be identifiable from those photos.

We collect your personal information for the purposes of promoting, administering and running our charitable activities and events (e.g. national and international sporting events). We also use your personal information to contact you to keep you informed about matters related to Special Olympics Australia activities or provide information or services you have requested.

We collect sensitive information about you (including your health information) directly from you and/or from your parent or guardian on your behalf (including information from your medical practitioner). We use this information in order to verify your eligibility to participate in Special Olympics Australia sports programs and events, to ensure you are appropriately placed in particular events and to minimise risks associated with participating in events. We will not use or disclose your sensitive information in any other manner unless required or authorised to do so by law or if we have your consent.

We may share, transfer or disclose personal information we collect about you, including your sensitive information, with our local Special Olympics Australia offices, our third party service providers, accrediting sporting bodies (e.g. Special Olympics, Inc.) and volunteers for the above purposes. Some of these persons may be located outside Australia. For example, our data hosting service provider and Special Olympics, Inc. are located in the U.S.A. In particular, if you are to travel overseas in connection with Special Olympics Australia and/or Special Olympics, Inc. activities, we will share relevant personal information (including relevant information from your Healthcare Assessment Form) with the overseas organisers of those activities.

If you do not provide personal information when requested, this may limit the services we can offer you and/or your ability to support Special Olympics Australia. For example, you may not be able to participate in our sports programs and events or we may not be able to provide you with updates on our activities.

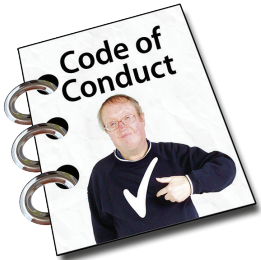
Your personal information will be handled in accordance with our privacy policy and any consents you have given. Our privacy policy details how you can access, correct or complain about the handling of your personal information, and how we will respond to your requests or complaints.

Our privacy policy is available at: [www.specialolympics.com.au/ourwork/privacy](http://www.specialolympics.com.au/ourwork/privacy)

# Athlete Code of Conduct



Easy Read Version



This Code of Conduct shows how you are expected to behave at sport, competition and social events.



I will show respect, trust and sportsmanship.



I will play by the rules.



I will respect myself and others.



I will give my personal best at all times.

**Special Olympics**  
Australia







I will speak in a positive manner.



I will participate for my own enjoyment and benefit.



I will act responsibly in relation to smoking and drinking alcohol. I will not use illegal drugs.



I will not abuse, threaten or bully others.



I agree to follow this Code of Conduct.  
I agree to show good behaviour.  
If I don't, I might not be able to play.

To view the full code of conduct please visit [www.specialolympics.com.au/members](http://www.specialolympics.com.au/members)

**Let me win.**

**But if I cannot win, let me be brave in the attempt.**

Athlete Oath