

SPECIAL OLYMPICS - Athlete Registration Plus Medical Form

Special Olympics provides year-round sports training & competition for people with an intellectual disability

Medical Renewal Registration forms must be completed and returned by December each year

New registrations must be completed and returned **before** participating

Registration period is from 1 January to 31 December



Special Olympics REGISTRAR USE ONLY

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

1. Applicant Information

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

Section 8-11 to be completed by a Medical Practitioner

Cross One New Renewal Update Registration Fee: \$70

Name and Phone of Person Completing this Form

To qualify for acceptance into the Special Olympics program the applicant should be at least 5 years of age and must answer YES to at least one of the following statements and include details to support the claim in the space provided below.

Is the applicant attending, or has attended, a Special School or Special Ed Unit or SDS?	YES / NO
Is the applicant attending, or has attended, a disability service funded by the State Government?	YES / NO
Is the applicant in receipt of a Disability Support Pension for an intellectual disability?	YES / NO
Has the applicant has been identified by a medical practitioner as having an intellectual disability, cognitive delay, or closely related developmental disability with functional limitations in both general learning and adaptive skills?	YES / NO

Details and Dates supporting above statement

Applicant's Name	<table style="width: 100%; border: none;"> <tr> <td style="border: none; padding: 2px;">FIRST NAME</td> <td style="border: none; padding: 2px;">SURNAME</td> </tr> </table>			FIRST NAME	SURNAME
FIRST NAME	SURNAME				
Home Ph Number:	<input style="width: 150px;" type="text"/>	Sex: Male / Female <input type="checkbox"/>	Date of Birth <input style="width: 80px;" type="text"/>		
Mobile Number:	<input style="width: 150px;" type="text"/>	Work Ph: <input style="width: 150px;" type="text"/>			
Applicants Street Address	<input style="width: 100%;" type="text"/>				
Suburb/Town	<input style="width: 150px;" type="text"/>	State <input style="width: 80px;" type="text"/>	Postcode <input style="width: 80px;" type="text"/>		
Applicants POSTAL Address if different:	<input style="width: 100%;" type="text"/>				
Applicants E-mail Address	<input style="width: 100%;" type="text"/>				
Medicare Number	<input style="width: 150px;" type="text"/>	Expiry Date <input style="width: 80px;" type="text"/>	Pension Number <input style="width: 80px;" type="text"/>		
Private Medical Insurance provider:	<input style="width: 150px;" type="text"/>	Member No.: <input style="width: 80px;" type="text"/>	Religious objections to treatment: <input style="width: 80px;" type="text"/>		
Secondary School Attended by applicant	<input style="width: 100%;" type="text"/>				

SO Sports I would like to become involved in (please tick)?

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 style="width: 80px;" type="text"/>

2. Parent/Guardian/Carer or Family Member Information

Parent/Guardian/Carer/Family Member Name	<input style="width: 100%;" type="text"/>				
Home Phone	<input style="width: 100px;" type="text"/>	Mobile Number	<input style="width: 100px;" type="text"/>	Work Phone	<input style="width: 100px;" type="text"/>
Street Address	<input style="width: 100%;" type="text"/>				
Suburb/Town	<input style="width: 150px;" type="text"/>	State	<input style="width: 80px;" type="text"/>	Postcode	<input style="width: 80px;" type="text"/>
Parent/Guardian/Carer/Family Member E-mail Address	<input style="width: 100%;" type="text"/>				

Parent/Guardian/Carer/Family Member Name	<input style="width: 100%;" type="text"/>				
Home Phone	<input style="width: 100px;" type="text"/>	Mobile Number	<input style="width: 100px;" type="text"/>	Work Phone	<input style="width: 100px;" type="text"/>
Street Address	<input style="width: 100%;" type="text"/>				
Suburb/Town	<input style="width: 150px;" type="text"/>	State	<input style="width: 80px;" type="text"/>	Postcode	<input style="width: 80px;" type="text"/>
Parent/Guardian/Carer/Family Member E-mail Address	<input style="width: 100%;" type="text"/>				

Emergency Contact Name	Emergency Contact Home Phone	Emergency Contact Work/Mobile Phone
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

3. 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/Medical form. I represent and warrant that, to the best of my knowledge and belief, I am physically able to participate in Special Olympics activities. I also represent that a legally qualified medical practitioner has reviewed the health information contained in this form and has certified, based on an independent medical examination, that there is no medical evidence 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

4. 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

5. 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

6. 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

7. Applicant Medical (Physical) Examination Information

Doctors Note 1.1:

To be completed by applicants doctor or medical professional. To participate in the Special Olympics program an applicant must be at least five to seven years of age (for training) or eight years of age or over (for competition) and identified as having an intellectual disability. For the purposes of determining eligibility to participate in Special Olympics, a person is considered to have an intellectual disability if that person satisfies any one of the following requirements (please tick the eligibility criteria that best describes the named applicant).

- (a) The person has been identified by an agency or professional as having an intellectual disability as determined by their localities
- (b) The person has a cognitive delay as determined by standardised measures. These measures include intelligent quotient ("IQ" testing) or other measures that are generally accepted within the professional community as being a reliable measurement of the existence of a cognitive delay. With such measures, the applicant would fall within or below the 70–75 range.
- (c) The person has a closely-related developmental disability. This 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.

Note: A person 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 volunteer.

8. Applicant Medical Examination

Please Note:

An up-to-date medical examination, performed by a Medical Practitioner, is required upon entry to the Program

A physical examination is required every three years for all applicants.

A physical examination is required for all applicants with a "NEW PROBLEM" response to questions 1-20 inclusive.

Athlete's Height	<input style="width: 80%;" type="text"/>		Normal	Abnormal		Normal	Abnormal		Normal	Abnormal		
		Vision	<input type="checkbox"/>	<input type="checkbox"/>		Hearing	<input type="checkbox"/>	<input type="checkbox"/>		Reflexes	<input type="checkbox"/>	<input type="checkbox"/>
Athlete's Weight	<input style="width: 80%;" type="text"/>		Neck	<input type="checkbox"/>		Extremities	<input type="checkbox"/>	<input type="checkbox"/>		Cardiovascular System	<input type="checkbox"/>	<input type="checkbox"/>
			Skin	<input type="checkbox"/>		Cranial Nerves	<input type="checkbox"/>	<input type="checkbox"/>		Respiratory System	<input type="checkbox"/>	<input type="checkbox"/>
			Co-ordination	<input type="checkbox"/>		Oral Cavity	<input type="checkbox"/>	<input type="checkbox"/>		Gastrointestinal System	<input type="checkbox"/>	<input type="checkbox"/>

Please tick if there is any evidence of the following:

- | | | | | | | | |
|---|--|--------------------------|-----|--------------------------|----|--------------------------|-------------|
| 1 | Heart disease / heart defect / high or low blood pressure? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | New problem |
| 2 | Chest pain or fainting spells? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | New problem |
| 3 | Seizures / Epilepsy? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | New problem |
| 4 | Diabetes? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | New problem |
| 5 | Absence of one kidney / kidney problems? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | New problem |
| 6 | Concussion or serious head injury? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | New problem |
| 7 | Major surgery or serious illness? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | New problem |
| 8 | Heat exhaustion / stroke? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | New problem |
| 9 | Are there any other problems that may interfere with sports participation? | | | | | | |

10A	Down Syndrome?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
10B	Has cervical spine (neck bone) x-rays been done?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Date of X-ray <input style="width: 80%;" type="text"/>
10C	Atlanto-axial instability present?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

Doctors Note 1.2: The rules set out by Special Olympics International require that an applicant with Down Syndrome have a full radiological examination when registering as a new athlete to determine the absence of Atlanto-axial Instability (malalignment of the cervical vertebrae C-1 and C-2 in the neck) before he/she may participate in sports or events which may result in hyperextension, radical flexion or direct pressure on the neck or upper spine. The sports training and competition events requiring a radiological examination include butterfly stroke and 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.

11	Impaired motor ability?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	New problem
12	Uses a wheel-chair?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	New problem
13	Allergic to the following (please indicate)						
	Medicines?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	New problem
	Insect bites?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	New problem
	Food?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	New problem
14	Any Special Dietary considerations?: _____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	New problem
15	Asthma?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	New problem
16	Tendency to bleed easily?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	New problem
17	Emotional problems / psychiatric disorder?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	New problem
18	Serious bone or joint disorder?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	New problem
19	Sickle cell trait or disease?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	New problem
20	Haemophilia?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	New problem

9. Applicant Medical Examination continued

Immunisations (Please cross YES or NO to indicate whether the applicant has been immunised against the following). If YES please include the date of the immunisation (if known).

						Date of Immunisation
Hepatitis A	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Hepatitis B	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
HIB (Haemophilias Influenza type B)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Meningococcal Meningitis	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
MMR (Measles, Mumps & Rubella)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Poliovirus (OPV / IPV)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
TD (Tetanus & Diphtheria Toxoids)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE PLEASE PROVIDE FURTHER DETAILS:

10. Applicant Medication Information

In accordance with Australian Sports Commission requirements and in support of the Australian Sports Drug Agency, and Special Olympics Australia Anti-Doping Policy, the following information must be recorded

Current Prescription Medication (if more space is needed please attach separate page)

Medication name	Amount Prescribed	Dosage Rate/Time
(i) <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Reason for Medication	<input style="width: 100%;" type="text"/>	
(ii) <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Reason for Medication	<input style="width: 100%;" type="text"/>	
(iii) <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Reason for Medication	<input style="width: 100%;" type="text"/>	
Allergies to medication/tablets, dressings (bandaids, tape etc):		
<input style="width: 100%; height: 20px;" type="text"/>		

11. Medical Certification

Doctors Certification:

I hereby confirm that, in my capacity as a doctor/medical professional certify the named applicant appears to satisfy the eligibility criteria set out Doctors Note 1.1 and 1.2 for participation in Special Olympics programs.

Doctor's Name in Full (please print)	<input style="width: 100%;" type="text"/>		
Qualifications (MBBS etc)	<input style="width: 100%;" type="text"/>		
Address of Practice	<input style="width: 100%;" type="text"/>		
	<input style="width: 100%;" type="text"/>		
Doctor's Signature	<input style="width: 100%;" type="text"/>		
Phone	<input style="width: 60%;" type="text"/>	Date of Examination	<input style="width: 30%;" type="text"/>

The Procedure for Registration is:

1. make an appointment with your doctor as soon as possible
2. complete the registration form page 1.1
3. read page 1.2 and circle Yes or No for sections 3, 4, 5, and 6 and sign at the bottom of page 1.2 on the form
4. take the registration form to your doctor to complete medical sections 7, 8, 9, 10, 11 on page 1.3 and 1.4
5. provide a current colour passport size photo
6. get a cheque or money order to pay the **\$70** registration fee to the **Region**.
7. **send the cheque/money order AND the completed registration form to the 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.