



Special Olympics Surrey Registration Form

GUIDANCE NOTES FOR COMPLETING THIS FORM

- **PLEASE COMPLETE and return** ALL sections of the form (Athlete Membership Form - Yellow copy only. The club to retain the blue copy -Athlete Release Form & Equal Opportunities Monitoring) to National Office for processing.
- **ALL ATHLETES** must complete this form once eligibility is signed off by the Club Eligibility Officer.
- **UNIFIED PARTNERS** must also complete this form. (A Unified Partner is someone who does not have an intellectual disability, but who trains and competes with Special Olympics athletes in a team sport which may include doubles teams. A Unified Partner can have a disability. They do not require eligibility sign off and should complete the form as soon as they join the club)
- **A PHOTO** (passport size) should be attached or emailed. Either send a JPEG to info@sogb.org.uk or attach 1 passport sized photo. DO NOT STICK. Please make sure the photo is labelled with your name and date of birth.
- **PLEASE CHECK** before sending that the full name, address, contact numbers, email, date of birth, and most importantly all sports in which you will participate are included. The form must be signed by 2 signatories.
- **IF YOUR INFORMATION CHANGES** please update both your Club and the National Office by completing an update form (available from info@sogb.org.uk)

Special Olympics Club: Special Olympics Region:

First Name: Surname:

(as written on passport/birth certificate)

Date of Birth: M/F: Known Allergies:

Address:

Post Code: Email:

Parent/Guardian Name: Email:

Telephone: Day Evening Mobile

In which of the Special Olympics Sports will you regularly train and compete?

- | | | | | | | |
|--|-------------------------------------|-------------------------------------|--|-----------------------------------|--|--|
| <input type="checkbox"/> Alpine Skiing | <input type="checkbox"/> Basketball | <input type="checkbox"/> Cricket | <input type="checkbox"/> Figure Skating | <input type="checkbox"/> Judo | <input type="checkbox"/> Netball | <input type="checkbox"/> Table Tennis |
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Bocce | <input type="checkbox"/> Cycling | <input type="checkbox"/> Golf | <input type="checkbox"/> Kayaking | <input type="checkbox"/> New-Age Kurling | <input type="checkbox"/> Ten Pin Bowling |
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Boccia | <input type="checkbox"/> Equestrian | <input type="checkbox"/> Gymnastics Artistic | <input type="checkbox"/> MATP | <input type="checkbox"/> Powerlifting | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Bowls | <input type="checkbox"/> Football | <input type="checkbox"/> Gymnastics Rhythmic | <input type="checkbox"/> Sailing | | |

Please specify any other sports you regularly train and/or compete in

I am a Unified Sports Partner.

Which Unified Sport will you take part in from the list above?

Athlete/Parent/Guardian:

I have read and agree to the terms of the attached Athlete/United Partner Release Form

Signed Athlete or Parent/Guardian: Date:

I attach eligibility evidence detailing athlete's Intellectual disability

Club Eligibility Officer Signature: Date:

PLEASE RETURN COMPLETE FORMS TO: SPECIAL OLYMPICS GB, 18T FLOOR, 8-8 GREAT EASTERN STREET, LONDON EC2A 3NT

Membership will cease immediately if the club accreditation lapses or if the athlete ceases training within Special Olympics in accordance with the Special Olympics Sports Rules.

FOR OFFICIAL USE ONLY

Accepted: Date: Membership No:

Eligibility notes:



Statement of Eligibility

Persons are eligible for Special Olympics provided that they are eight years of age and older* and have been identified as having an intellectual disability in accordance with the following definitions:

A condition of arrested or incomplete development of mind, which is characterized by impairment of skills manifested during the developmental period, which contribute to the overall level of intelligence, i.e. cognitive, language, motor and social abilities' (World Health Organisation ICD-10)

A significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence) with a reduced ability to cope independently (impaired social functioning) which started before adulthood**, with a lasting effect on development' (Department of Health (2001) Valuing People)

In common with other national and international sports organizations, Special Olympics GB deems a person to have an intellectual disability if they have a full scale 10 score of 75 or lower. 10 tests are acknowledged to be limited that is why it is important to gather other information to assist in understanding an individual's abilities.

* Children aged 6 - 7 may be involved in a Special Olympics training programme but may not enter official competitions. The Young Athlete programme is available to children under the age of 5

** "Before Adulthood" means prior to the age of 18.

Special Olympics GB reserves the right to:

- Ask for proof of eligibility at any time. In such instances, Special Olympics GB will specify the nature of the proof required. Any costs associated with obtaining the required proof of eligibility are the responsibility of the athlete concerned.
- Refuse or withdraw the membership of any athlete who, in our opinion, does not meet the Special Olympics GB eligibility criteria.
- Refuse or withdraw the membership of any athlete if, at any time, it cannot adequately meet the needs of the athlete.

Data Protection

The information given in this form will be kept by relevant parties in accordance with the Data Protection Act.

Special Olympics GB may, from time to time, make this information available to a third party to enable the athlete to participate in training and competitions or in the interests of the health and safety of the athlete. Such a third party would be either an international Special Olympics programme, or an organisation endorsed by and authorised to act on behalf of Special Olympics GB.



Special Olympics Surrey Registration Form

ATHLETE & UNIFIED PARTNER RELEASE FORM (Please print in ink using BLOCK LETTERS)

RELEASE TO BE COMPLETED BY ALL ATHLETE OR UNIFIED PARTNER (over 18 years of age):

, of (Special Olympics GB club name)

am at least 18 years old and have submitted the attached application for membership of and participation in Special Olympics including sports training and competition, social events and Healthy Athletes programme.

I confirm to the best of my knowledge and belief, I am physically and mentally able to participate in Special Olympics activities. Where advised I have undertaken medical examination including checks on symptoms of adverse neurological effects, including those that could result from spinal cord compression or symptomatic AAI with a licensed physician who has certified, based on an independent medical examination, that there is no medical evidence which would preclude or render inadvisable, my participation in Special Olympics.

I also understand that Special Olympics recommends that I have regular health screenings conducted by a licensed physician.

Special Olympics has my permission to use my likeness, name, voice, or words in either television, radio, film, newspapers, magazines, and other media, and in any form, for the purpose of advertising, or communicating the purposes and activities of Special Olympics and/or applying for funds to support those purposes and activities

Participation in the Special Olympics Healthy Athletes Programme is optional. Data collected by the Healthy Athletes Programme may be used (with identifying personal details removed) for reach purposes

If, during my participation in Special Olympics activities I should need emergency medical treatment, and I am not able to give my consent or make my own arrangements for that treatment because of my injuries, I authorise Special Olympics to take whatever measures are necessary to protect my health and well-being, including, if necessary, hospitalisation.

I, the athlete named above, have read this paper and fully understand the provisions of the release that I am signing. I understand that by signing this paper, I am saying that I agree to the provisions of this release.

Signature of Athlete or Unified Partner Date

RELEASE TO BE CERTIFIED BY PARENT/GUARDIAN OF A MINOR ATHLETE/ UNIFIED PARTNER (under the age of 18 years of age)

I am the parent/guardian of the athlete named in this application. I have read and fully understand the provisions of the above release, and have explained these provisions to the athlete. I agree to the above provisions on my own behalf and on behalf of the athlete name below.

I am the parent/guardian of , of (Special Olympics GB club name)
a minor on whose behalf I have submitted the attached application for participation in Special Olympics.

I hereby represent that the athlete has my permission to participate in Special Olympics activities including sports training and competition, special events and Healthy Athletes Programme.

I further represent and warrant that there is no medical evidence which would preclude the athlete from participating in Special Olympics following a full medical check by a Licensed Medical Professional for symptoms of adverse neurological effects including those that could result from spinal cord compression or symptomatic MI and I also understand that Special Olympics recommends that the athlete has regular health screenings conducted by a licensed physician.

In permitting the athlete to participate, I am specifically granting my permission to Special Olympics to use the athlete's likeness, name, voice and words in television, radio, film, newspapers, magazines and other media, and in any form, for

the purpose of advertising or communicating the purposes and activities of Special Olympics and/or applying for funds to support those purposes and activities

Participation in the Special Olympics Healthy Athletes Programme is optional. Data collected by the Healthy Athletes Programme may be used (with identifying personal details removed) for reach purposes.

If a medical emergency should arise during the athlete's participation in Special Olympics activities at a time when I am not personally present so as to be consulted regarding the athlete's care, I hereby authorise Special Olympics, on my behalf, to take whatever measures are necessary to ensure that the athlete is provided with any emergency medical treatment, including hospitalisation, which Special Olympics deems advisable in order to protect the athlete's health and well-being.



Special Olympics Surrey Registration Form

Equal Opportunities Monitoring Form

Special Olympics GB would like to collect information from its athletes and coaches about their ethnic background. This will help us to assess the diversity of the organisation and whether we are meeting the needs of all sections of the intellectually disabled population.

We would therefore be grateful if you would indicate your ethnicity below. No information relating to any individual's ethnic background will be kept by Special Olympics GB.

Completion of this form is **OPTIONAL** and is not a condition of registration for Special Olympics GB.

Primary Role (Tick one box only)

- Athlete
- Unified Partner

Ethnicity

- | | | | | | |
|--------|---------------|-----------------|---------------|--------------------|---------------|
| White | Black British | Black Caribbean | Black African | Black Other | British Asian |
| Indian | Pakistani | Bangladeshi | Chinese | East African Asian | |
| Other | | | | | |

To send form please click the submit button or email membershipsosurrey@gmail.com

