

# SPECIAL OLYMPICS – RENEW Subscription for ATHLETES

*Special Olympics provides year-round sports training & competition for people with an intellectual disability*  
In order to assist National, State and Regional Committees, a subscription of \$70 per athlete per annum is requested. However no athlete will be deprived of the SO experience because of financial hardship; please see our policy at [www.specialolympics.com.au](http://www.specialolympics.com.au)



Today's Date: \_\_\_\_\_ State: \_\_\_\_\_ Region: \_\_\_\_\_

How did you hear about Special Olympics? \_\_\_\_\_

SOMS Rego Number: \_\_\_\_\_ What Year did you first join Special Olympics?: \_\_\_\_\_

## 1. Contact Details

Name \_\_\_\_\_  
FIRST NAME \_\_\_\_\_ SURNAME \_\_\_\_\_  
Gender: Male / Female Date of Birth: \_\_\_\_\_  
Street Address \_\_\_\_\_  
Suburb/Town \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_  
POSTAL Address if different: \_\_\_\_\_  
Home Ph Number: \_\_\_\_\_ Work Ph Number: \_\_\_\_\_  
Mobile Number: \_\_\_\_\_ E-mail Address \_\_\_\_\_

## 2. Parent/Guardian/Carer or Family Member Information

Parent/Guardian/Carer/Family Member Name 1 \_\_\_\_\_  
Home Phone 1 \_\_\_\_\_ Mobile Number 1 \_\_\_\_\_  
Parent/Guardian/Carer/Family Member E-mail Address 1 \_\_\_\_\_  
Parent/Guardian/Carer/Family Member Name 2 \_\_\_\_\_  
Home Phone 2 \_\_\_\_\_ Mobile Number 2 \_\_\_\_\_  
Parent/Guardian/Carer/Family Member E-mail Address 2 \_\_\_\_\_  
Your Emergency contact should be the person we would call in case of an emergency – if this is your parents just write "as above".  
Emergency Contact Name \_\_\_\_\_ Emergency Contact Home Phone \_\_\_\_\_ Emergency Contact Work/Mobile Phone \_\_\_\_\_

## 3. Medical Information

Any Medical Conditions: \_\_\_\_\_  
Any Allergies: \_\_\_\_\_  
Medicare Number \_\_\_\_\_ Expiry Date \_\_\_\_\_ Pension Number \_\_\_\_\_  
Special Dietary Needs: \_\_\_\_\_  
Religious objections to treatment: \_\_\_\_\_ Requires Wheelchair Access YES / NO \_\_\_\_\_  
Private Medical Insurance provider: \_\_\_\_\_ Member No.: \_\_\_\_\_

## 4. General Information

Please tick which SO Sports you would like to participate in? *NB: Not all sports are offered in every region*

Alpine Skiing <input type="checkbox"/>	Cross Country Skiing <input type="checkbox"/>	Gymnastics – Artistic <input type="checkbox"/>	Softball <input type="checkbox"/>
Aquatics (swimming) <input type="checkbox"/>	Figure Skating <input type="checkbox"/>	Gymnastics – Rhythmic <input type="checkbox"/>	Speed Skating <input type="checkbox"/>
Athletics <input type="checkbox"/>	Floor Hockey <input type="checkbox"/>	Sailing <input type="checkbox"/>	Tennis <input type="checkbox"/>
Basketball <input type="checkbox"/>	Football (Soccer) <input type="checkbox"/>	Snowboarding <input type="checkbox"/>	Tenpin Bowling <input type="checkbox"/>
Bocce <input type="checkbox"/>	Golf <input type="checkbox"/>	Snowshoeing <input type="checkbox"/>	Other _____
Cricket <input type="checkbox"/>			

Please return this form and \$70 subscription, a colour passport photo (electronically preferred) to your Regional Registrar

Go to [www.specialolympics.com.au](http://www.specialolympics.com.au) for Regional Registrar contact details

Please review the following and sign your renewal form.

### Media consent

I **agree/disagree** (*circle one*) to allow Special Olympics to feature me in any promotional material to support the organisation whether this is on television, radio, print or online.

### Athlete Release

By signing below, I understand that I will use the facilities of Special Olympics Australia at my own risk and I will not hold Special Olympics responsible for any harm to me or my property. I confirm that I am physically able to participate in Special Olympics and that this has been certified by a medical practitioner. If I require medical treatment while participating in Special Olympics I authorise Special Olympics to take whatever measures necessary to protect my health, including hospitalisation. I understand that Special Olympics will contact my family/carers as soon as possible.

### Privacy

By signing below, I understand that Special Olympics Australia will collect and store some of my personal information. I also understand that this information will be handled in confidence and that I can change or access my records at any time by contacting the State Secretary in writing. Special Olympics Australia will ask me to update this information every four years. In the meantime, if there is any change to my information, including medical details, I will inform my regional registrar, coach or Special Olympics Australia as soon as possible.

### Medical Clearance

As part of our eligibility and safety requirements all athletes participating in Special Olympics require a Medical Clearance form signed by a doctor or specialist. Please revert to the New Registration form if we required an up-to-date medical report for you. Please make an appointment with your doctor or specialist and have them complete this form and return it to your regional registrar before your next training sessions or competition.

Athlete Name: \_\_\_\_\_

Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Person assisting Athlete with this form: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Go to [www.specialolympics.com.au](http://www.specialolympics.com.au) click on your State then your region and  
the contact details for your regions Registrar will be listed.