

SPECIAL OLYMPICS – 2012 ATHLETE MEMBERSHIP RENEWAL

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

In order to assist National, State and Regional Committees, a membership subscription of \$70 per athlete per annum is requested. However no athlete will be deprived of the Special Olympics experience because of financial hardship; please see our policy at www.specialolympics.com.au on Members Area page, see "Athlete Participation Policy".



Today's Date: 28/11/11 | State: NSW | Region: _____ | SOMS Nat'l Number: _____

Please check the details below and cross out if incorrect, please provide correct details on back of this form.

Please return forms with \$70 payment to Special Olympics NSW - _____, no later than the 31st December 2011. The return address details are shown at the bottom of page 2.

1. Are these the correct Contact Details for you? Yes No

Name _____
FIRST NAME _____ SURNAME _____
Gender: _____ Date of Birth: _____
Street Address _____
Suburb/Town _____ State _____ Postcode _____
Home Ph Number: _____ Work Ph Number: _____
Mobile Number: _____ E-mail Address _____

2. Has your Parent/Guardian/Carer or Family Member Information changed? Yes No

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 Phone _____ 2nd Emergency Contact Name and Phone _____

3. Do you have any new Medical Information since last years renewal? Yes No

Any New Medical Conditions: _____
Any New Allergies: _____

4. What Sport will you play in 2012? * Please only tick the sports you will be competing in

Please tick which SO Sports you are already participating in with Special Olympics? NB: Not all sports are offered in every region

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

Athlete Name: _____

Athlete Signature: _____ Date: ____/____/____

Person assisting Athlete with this form: _____ Payment Attached: cheque or money order

Signature: _____ Date: ____/____/____

Please record new and correct details below.

5. Your corrected Contact Details

SOMS National Number: _____

Name _____

FIRST NAME

SURNAME

Gender: _____

Date of Birth: _____

Street Address _____

Suburb/Town _____

State _____

Postcode _____

Home Ph Number: _____

Work Ph Number: _____

Mobile Number: _____

E-mail Address _____

Who do you work for?: _____

What do you do?: _____

6. Your Parent/Guardian/Carer or Family Member Information corrected

Parent/Guardian Name _____

Home Phone _____

Mobile Number _____

Parent/Guardian E-mail Address _____

Parent/Guardian Name _____

Home Phone _____

Mobile Number _____

Parent/Guardian E-mail Address _____

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 1 Name & Phone _____

Emergency Contact 2 Name & Phone _____

7. How to return your forms and payment

Please return all forms with your payment to:

Payment by money order or cheque made out to:
Special Olympics Australia –

Tick this box if you require a receipt

For Office Use Only

SO - Date received:	Payment received: Yes/ No	Payment Method:	Receipt given:	Entered into SOMS:
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