

Young Athlete Programme Registration



Special Olympics
New Zealand

Please read and complete all sections on this form.

01. Athlete Details

Legal first name	Surname	
Preferred name	Date of birth	Gender
Address		
Suburb	Region	Postcode

02. Contacts

Main Contact

Relationship to athlete Parent Guardian Carer Sibling Other (Please specify)

First name Surname

Phone (Home) Phone (Mobile)

Email

Emergency Contact

Relationship to athlete Parent Guardian Carer Sibling Other (Please specify)

First name Surname

Phone (Home) Phone (Mobile)

Email

03. About Special Olympics New Zealand

Would you like to receive the Special Olympics newsletter (Fanletter)? Yes No

04. Media Consent

I understand that photography and video recording will take place at this Special Olympics New Zealand programme 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 New Zealand 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 New Zealand. (Note: Special Olympics New Zealand will seek separate permissions in relation to individual athlete feature pieces.) Yes No



05. Authorisation to Participate

Please choose ONE OPTION to confirm if the athlete can participate in Special Olympics activity. This confirmation must be signed by a parent or carer.

This athlete is fit to Participate in Special Olympics New Zealand sport

OR

This athlete has medical issues which require further investigation, however the athlete can participate In Special Olympics NZ Sport.

A referral has been obtained
 Yes No

OR

This athlete wishes to register but is not fit to participate in Special Olympics NZ sport currently and must be evaluated by a professional for the following concerns:

Cardiac Stage II Hypertension or greater
 Neurological Other _____

A referral has been obtained Yes No

Signature of Parent Carer _____

AUTHORISATION

Authorisation for Young Athletes

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 this application for participation in activities and events organised or coordinated by Special Olympics New Zealand, 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/caregiver of the Athlete and I give permission for the Athlete to participate in SO New Zealand.
- I have read and will ensure the Athlete abides by the athlete's Code of Conduct, see below.
- 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 New Zealand 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 this 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 on this form.
- I or appropriate guardian/caregiver will be present throughout the Young Athlete session(s) when the athlete is in attendance.

Special Olympics New Zealand Code of Conduct

- I will always be a good athlete, respect my coach(es), other athletes, unified partners and volunteers.
- I will not use bad language. I will not verbally abuse, physically fight or challenge anyone involved in Special Olympics.
- I will train regularly, try my best to learn and follow the rules, listen to my coach(es) and sports officials and ask questions when I don't understand.
- I understand that SONZ may take disciplinary measures if I breach the Code of Conduct and I may be subject to a range of consequences up to and including not being allowed to participate in Special Olympics training, events and activities.

Signature of parent/guardian/caregiver:

Date:

Name (print):