Athlete Registration Form - Form A1  Please print legibly and complete the whole form Date Completed: / / .	
Special Olympics Club:	
1 PERSONAL DETAILS (Please show Full Legal Name)	
	Date of Birth / /
First Name Middle Name(s) Last name Preferred Name (If different to above):	day month year  Female □ Male □
Ethnicity:  New Zealand European  New Zealand Maori  Pacific Islander  Asian  European  African  African	
Other:	Language(s) spoken:
Address:	Post Code:
Telephone: Home Work Mobile	E-mail:
Do you have a Residential Care Provider?  Yes / No If yes, name of	of Provider:
Please tick this box if you would like to receive our monthly Newsletter "Fanletter" electronically (email address required in contact details above)	
2 PARENT / CAREGIVER DETAILS	
Name	Relationship to you:
Address (if different from above):	Post Code:
Telephone: Home Work Mobile	E-mail:
3 SPORTS PARTICIPATION	
Special Olympics Intended sport(s):	
4 ATHLETE WAIVER and CODE OF CONDUCT	
I state that I am physically and mentally able to participate in Special Olympics New Zealand (SONZ) activities.  I understand that if a doctor has found problems with my neck (Atlanto-Axial Instability) I will only be allowed to participate in Special Olympics sports if I have another examination and the doctor who checks me for my neck problems says I am able to participate and I sign a form to say I understand what the doctor has told me.  I consent to SONZ collecting, retaining, using and disclosing personal and medical information for the purpose of involving me in the Special Olympics programme, including the Healthy Athlete Programme. I acknowledge my right to access and amend this information. This is given in accordance with the Privacy Act 1993.  I give Special Olympics permission to use my photograph, video, name, voice or words to promote Special Olympics.  If I need emergency medical care while I am participating in Special Olympics activities I give permission to Special Olympics to do whatever may be necessary to protect my health and well-being, which may include emergency emicical care and hospitalisation. (If you have religious objections to receiving such emergency medical treatment, please cross out this paragraph, initial it and sign and attach the Religious Objections Form).  Code of Conduct  I will not use bad language. I will not verbally abuse, physically fight or challenge anyone involved in Special Olympics.  I will not use bad language. I will not verbally abuse, physically fight or challenge anyone involved in Special Olympics.  I will take full responsibility for my actions and will not make inappropriate or unwanted physical, verbal or sexual advances to others.  Will take full responsibility for my actions and will not make inappropriate or unwanted physical, verbal or sexual advances to others.  Will not take any drugs for the purpose of improving my performance.  I understand that SONZ may take disciplinary measures if I breach the Code of Conduct and I may be subject to a ran	
Dated:	Dated:
FOR OFFICIAL USE ONLY	Full Medical Dated:

Date Sighted:\_\_\_

SONZ Staff Member Name:\_