

Unified Partner Application Form - Form U 1



Please print legibly (Sections 1,2 & 5 MUST be completed & the form signed)

SPECIAL OLYMPICS CLUB:

Date: / /

1 PERSONAL DETAILS (Please Show Full Legal Name)

First Name	Middle Name (s)	Last name	Date of Birth	/	/	day	month	year
Preferred name (if different to the above):			Female	<input type="checkbox"/>	Male	<input type="checkbox"/>		
Address:						Post Code:		
Telephone: Home	Work	Mobile	Email					
I prefer to be contacted by:		Email <input type="checkbox"/>	Telephone <input type="checkbox"/>	Mobile <input type="checkbox"/>	Post <input type="checkbox"/>	Fax <input type="checkbox"/>		
Please tick this box if you would like to receive <i>Fanletter</i> , our monthly electronic newsletter				<input type="checkbox"/> (email address required)				
Ethnicity:		New Zealand European <input type="checkbox"/> New Zealand Maori <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> European <input type="checkbox"/> African <input type="checkbox"/>						
Other:		Language(s) spoken: _____						

2 PARENT / CAREGIVER DETAILS (Only to be completed where Unified Partner is under the age of 18)

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 UNIFIED PARTNER WAIVER and CODE OF CONDUCT

Waiver

- I state that I am physically and mentally able to participate in Special Olympics New Zealand (SONZ) activities.
- 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 medical 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 be a good sportsperson at all times, 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 shall perform to the best of my ability during training, divisioning and competitions.
- I will take full responsibility for my actions and will not make inappropriate or unwanted physical, verbal or sexual advances to others.
- I will not drink alcohol, smoke or take illegal drugs while representing Special Olympics at training sessions, competitions or during Games.
- I 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 range of consequences up to and including not being allowed to participate in Special Olympics training, events and activities.

Unified Partner

Parent/Guardian (must sign if unified partner is under 18yrs)

Name:

Name:

Signed:

Signed:

Dated:

Dated:

FOR OFFICIAL USE ONLY

NZ Police Request and Consent form completed, correct and attached

Yes/No

or

Existing Employment Clean Slate Police Check Results attached

Yes/No (must be less than 6 months old)

SONZ Staff Member Name: _____

Date: _____