



If you require help to fill in this form, please ask a parent, carer or guardian to help you.

## Athlete & Unified Partner Membership Form

### About You



My name is

I am

Male



Female



I was born on (date)



My telephone number is



My Email address is



My **full** address is

# Your Sports

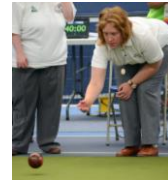
There are more sports on the next page

Put a  in the box next to the sports you will **regularly train and compete** in with Special Olympics GB

Alpine Skiing



Bowls\*



Athletics



Cricket\*



Aquatics



Cycling\*



Badminton\*



Equestrian



Basketball\*



Football\*



Bocce\*



Figure Skating



Boccia\*



Golf



Gymnastics  
(Artistic)



Powerlifting



Gymnastics  
(Rhythmic)



Sailing\*



Judo



Table Tennis\*



Kayaking



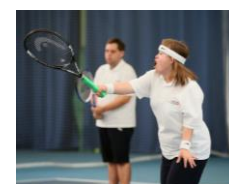
Ten Pin Bowling\*



Motor Activities  
Training Programme  
(MATP)



Tennis\*



Netball\*



Other (Please State):

New-Age Kurling\*



\*These can be **Unified Sports** if you regularly train in them

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# About your Parent / Carer / Guardian



Their name is



Their Email address is



Their telephone numbers are:



Daytime:



Evening:



Mobile:

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## Declaration



If you are over 18 years old, please sign below.

If you are under 18 years old, or would like someone else to sign this for you, please ask a Parent, Carer or Guardian to sign below on your behalf.



Signature or Personal Mark



Name



If you are signing on behalf of the athlete or Unified Partner, what is your relationship to them?



Date:

**Please now complete the Release Form on the next pages**

**This is a release form that you should sign if you want to become a member of Special Olympics Great Britain and take part in its related activities.**



To fill in this form, you must be over 18 years old.



Please read all the information in this form.



And then fill in your details and sign it.



If you are under 18 years old, your parent or guardian should fill in a different release form for you.

## To take part in Special Olympics activities you must:



Be physically able to take part.



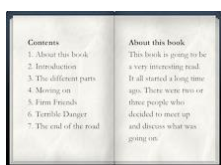
Be mentally able to take part.



Have completed a Health & Information Form, that confirms you do not have any health conditions that would affect you taking part.

Special Olympics recommend that you have regular health checks by a licensed physician.

## Using your information



Special Olympics might use your story, photo, video or name in different ways to promote what they do and to apply for funding.



Participation in the Special Olympics Healthy Athletes Programme is optional. Data collected by the Healthy Athletes Programme may be used (with your personal details removed) for research purposes.

## Medical treatment



If you hurt yourself when taking part in Special Olympics activities you might need emergency medical treatment.



You might not be able to give consent or make your own arrangements for treatment because of your injuries



If this happens then Special Olympics will do what is needed to make sure you are protected and receive appropriate emergency medical care, including hospitalisation if needed.

*Photos by Photosymbols*

# Sign



I confirm that I have read this release form, I am over 18 years old, I understand the requirements and I agree to them.



Name: .....



Sign here: .....



Date: .....

**If you need someone else to sign this form for you, please ask them to fill in their details below:**



Name: .....



Relationship to the athlete / Unified Partner (named above):  
.....



Sign here: .....



Date: .....

When you've filled in this page, please give it to your **Eligibility Officer** with a recent **passport sized photo** of yourself



*Photos by Photosymbols*



**For the Eligibility Officer to complete** (must be registered with Special Olympics GB National Office):

Is the person named on page 1:

- an athlete
- a Unified Partner

Which accredited Special Olympics Club or Delivery Network are they joining?

Which Special Olympics GB Region is this in?

Tick to confirm that you are submitting the relevant Eligibility Endorsement Material with this form (you can use the Athlete Eligibility Endorsement Form if required).

Tick to confirm that the individual has completed a Health & Information Form, a copy of which is held by your Club or Delivery Network and that you have advised where applicable that they arrange a GP appointment.

Tick to confirm that you are attaching a recent photo of the individual named on page 1. You can either send a JPEG via email to [admin.support@sogb.org.uk](mailto:admin.support@sogb.org.uk) or post 1 passport sized photo along with this form. Please DO NOT stick the photo to this form and ensure the individuals name and date of birth is clearly written on the back.

Signature:

Name:

Date:

Please make a copy before returning completed forms to [admin.support@sogb.org.uk](mailto:admin.support@sogb.org.uk) or;  
Special Olympics GB, 1st Floor,  
6-8 Great Eastern Street,  
London EC2A 3NT

If approved, the athlete or Unified Partner will be given a unique SAM number which will be emailed to the Eligibility Officer (or Main Contact if requested) unless otherwise requested. Special Olympics GB will add the individual's details to the main Special Olympics GB Database, which is stored in line with Special Olympics GB Data Protection Policy.

Please refer to the document titled "Eligibility – Athlete & Unified Partner Membership Process" for further information and guidance, which can be found on our website at [www.specialolympicsgb.org.uk/resources](http://www.specialolympicsgb.org.uk/resources).

The information given in this form will be kept by relevant parties in accordance with the Data Protection Act. Special Olympics GB may, from time to time, make this information available to a third party to enable the athlete to participate in training and competitions or in the interests of the health and safety of the athlete. Such a third party would be either an international Special Olympics programme, or an organisation endorsed by and authorised to act on behalf of Special Olympics GB.

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NATIONAL OFFICE USE ONLY Accepted: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Membership No: \_\_\_\_\_

Notes: \_\_\_\_\_

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