



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



address

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 Curling*



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

About your Parent / Carer / Guardian



Their name is



Their Email address is



Their telephone numbers are:



Daytime:



Evening:



Mobile:

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 for a parent or guardian to sign on behalf of an athlete or Unified Partner, who is under the age of 18.

This should be signed so that they can become a member of Special Olympics Great Britain and take part in its related activities.



Please read all the information in this form.



And then fill in your details and sign it.

The athlete or Unified Partner must understand and agree to the details in this form.



If the athlete or Unified Partner is over 18 years old, they should fill in a different release form.

To take part in Special Olympics an athlete or Unified Partner must:



Be physically able to take part.



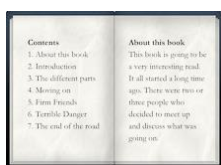
Be mentally able to take part.



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

Special Olympics recommend that an athlete or Unified Partner has regular health checks by a licensed physician.

Using athlete or Unified Partners information



Special Olympics might use an athletes or Unified Partners 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 personal details removed) for research purposes.

Medical treatment



If an athlete hurts themselves when taking part in Special Olympics activities they might need emergency medical treatment and you, the parent or guardian, may be unavailable



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

Sign

I confirm that I have read this release form, I am over 18 years old and the athlete or Unified Partners (named below) parent or guardian. I understand the requirements and I agree to them. I have also explained these to the athlete or Unified Partner.



I give permission for the athlete or Unified Partner to participate in Special Olympics activities including sports coaching and competition, social events and the Healthy Athletes Programme.



Athlete or Unified Partners Name:

Parent or Guardian Name:



Your relationship to the athlete or Unified Partner (Parent or Guardian):



Sign here (Parent or Guardian):



Date:

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



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 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 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.

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.

NATIONAL OFFICE USE ONLY Accepted: _____ Date: ____/____/____ Membership No: _____

Notes: _____
