

**PLEASE ATTACH RECENT**

**PHOTO**: Either send JPEG to athletes@sogb.org.uk or attach 1 passport size photo.

DO NOT STICK. Please make sure the photo is labelled with your name and date of birth.

**Athlete**

**Membership**

**Form**

**In order to register an athlete with Special Olympics GB the following must be completed and submitted to Special Olympics GB National Office**:

* **Completed and signed Athlete Membership Form (including Athlete Release Form and Equal Opportunities Monitoring)** – This form MUST be signed off by the Special Olympics club Eligibility Officer
* **A passport style photo** – Clearly labelled with the name of the athlete
* **Evidence of Athlete Eligibility** - Eligibility endorsement material must be provided by a professional associated with the individual personally, in an appropriate position to understand what the definition of intellectual (learning) disability means, for example:
	+ Educational or Clinical Psychologist
	+ Medical Doctor or Geneticist
	+ Head Teacher
	+ Local intellectual (learning) disability team advisor (local authority)
	+ Manager of a care home
	+ CEO of an intellectual (learning) disability specific organisation
	+ Social Worker
	+ **Please check -** Before sending that the full name, address, contact numbers, email, date of birth, and most importantly all sports in which you will participate are included. The form must be signed by 2 signatories.
* **If your information changes -** Please update both you club and National Office by completing an Athlete Update available on request or the Special Olympics GB website.

 **(PLEASE USE CAPITAL LETTERS ONLY)**

#### Special Olympics Programme: Special Olympics Region:

First Name: Surname:

(AS WRITTEN ON PASSPORT/BIRTH CERTIFICATE)

#### Date of Birth: Gender (optional): \_\_\_\_\_\_\_ Allergies:

#### Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_ Post Code: Email:

Parent/Guardian Name: Email:

Telephone: Day: Evening: \_ Mobile:

In which of the Special Olympics Sports will you **regularly** train and compete?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Alpine Skiing | Basketball | Cricket | Figure Skating | Judo | Netball | Table Tennis |
| Athletics | Bocce | Cycling | Golf | Kayaking | New-Age Kurling | ng Ten Pin Bowling |

Aquatics Boccia Equestrian Gymnastics Artistic Badminton Bowls Football Gymnastics Rhythmic

MATP

Powerlifting Sailing

Tennis

Please specify any **other sports** you **regularly train** and/or compete in:

* I am a Unified Partner.

Which Unified Sport will you take part in from the list above?

**Athlete/Parent/Guardian:**

 **I have read and agree to the terms of the attached Athlete/United Partner Release Form**

**Signed Athlete or Parent/Guardian: Date:**

 **I attach eligibility evidence detailing athlete’s Intellectual disability**

 **Club Eligibility Officer Signature:**

**Membership will cease immediately if the club accreditation lapses or if the athlete ceases training within Special Olympics in accordance with the Special Olympics Sports Rules.**

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**FOR OFFICIAL USE ONLY**

Accepted: Date: Membership No: \_

Eligibility Notes:

# Statement of Eligibility

The [Special Olympics General and Sports Rules](https://resources.specialolympics.org/governance-and-leadership-excellence/special-olympics-general-rules/general-rules) set down the criteria for athletes to be eligible for Special Olympics from which the following is extracted:

1. **General Statement of Eligibility**

Special Olympics training and competition is open to every person with an intellectual (learning) disability who is at least eight years of age and who is registered to participate in Special Olympics as required by the General Rules.

1. **Age Requirements**

There is no maximum age limitation for participation in Special Olympics. The minimum age requirement for participation in Special Olympics competition is eight years of age. Children who are at least six years old may participate in age appropriate Special Olympics training programmes. The Young Athletes programme is open to children between the ages of two to seven years

1. **Identifying Persons with an intellectual (learning) disability**

A person is considered to have an intellectual (learning) disability for purposes of determining his or her eligibility to participate in Special Olympics if that person satisfies any one of the following requirements:

The person has been identified as having an intellectual (learning) disability:

Which is defined as *‘a condition of arrested or incomplete development of mind, which is characterized by impairment of skills manifested during the developmental period, which contribute to the overall level of intelligence, i.e. cognitive, language, motor and social abilities’*

(World Health Organisation ICD-10)

In other words:

*‘A significantly reduced ability to understand new or complex information, to learn new skills (due to impaired intelligence) with a reduced ability to cope independently (impaired social functioning) which started before adulthood, with a lasting effect on development’*

(Department of Health (2001) Valuing People)

“*Before Adulthood*” means before the age of 18.

In common with other national and international sports organisations, Special Olympics GB deems a person to have an intellectual (learning) disability if they have a full scale IQ score of 75 or lower and/or approximately two or more standard deviations below the mean (approximately less than the 2.3rd percentile), based on appropriately normed, individually administered standardized tests. IQ tests are acknowledged to have limitations and it is recognised this is only part of the assessment. In addition the individual is expected to have significant difficulties in, adaptive behaviour, including conceptual, social and practical-life skills. These difficulties should have been identified before the age of 18 to demonstrate they will have affected development.

Eligibility endorsement material can take many forms, including a letter or copy information from a professional (a clinical or educational psychology report, SEN report or letter from your GP), which contains sufficient evidence supporting the conclusion that the athlete has an intellectual (learning) disability in line with the Special Olympics GB Eligibility Criteria. An Athlete Eligibility Endorsement Form can be used if required, to acquire the relevant sign off from a professional, which may be submitted instead of letters or copy information.

If required, eligibility endorsement material can be provided for a group of individuals, only if the professional providing the material is associated with all individuals concerned. For example a letter that lists all names of the individuals applying for membership.

**Reviewing Eligibility**

After an athlete has been originally deemed eligible, if new information comes to light Special Olympics GB reserves the right to:

* ask for further proof of eligibility
* specify the nature of the proof required
* refuse or withdraw the membership of any athlete who, in our opinion, does not meet the Special Olympics eligibility criteria

**Data Protection**

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.

**ATHLETE & UNIFIED PARTNER RELEASE FORM (Please print in ink using BLOCK LETTERS)**

RELEASE TO BE COMPLETED BY ALL **ATHLETE OR UNIFIED PARTNER (over 18 years of age):**

I, , of **(Special Olympics GB club name)**

am at least 18 years old and have submitted the attached application for membership of and participation in Special Olympics including sports training and competition, social events and Healthy Athletes Programme.

I confirm to the best of my knowledge and belief, I am physically and mentally able to participate in Special Olympics activities. Where advised, I have undertaken a medical examination including checks on symptoms of adverse neurological effects, including those that could result from spinal cord compression or symptomatic AAI with a licensed physician who has

certified, based on an independent medical examination, that there is no medical evidence which would preclude or render inadvisable, my participation in Special Olympics.

I also understand that Special Olympics recommend that I have regular health screenings conducted by a licensed physician.

(OPTIONAL): *Special Olympics has my permission to use my likeness, name, voice, or words in either television, radio, film, newspapers, magazines, and other media, and in any form, for the purpose of advertising, or communicating the purposes and activities of Special Olympics and/or applying for funds to support those purposes and activities.* ***YES / NO***

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

If, during my participation in Special Olympics activities, I should need emergency medical treatment, and I am not able to give my consent or make my own arrangements for that treatment because of my injuries, I authorise Special Olympics to take whatever measures are necessary to protect my health and well-being, including, if necessary, hospitalisation.

I, the athlete named above, have read this paper and fully understand the provisions of the release that I am signing. I understand that by signing this paper, I am saying that I agree to the provisions of this release.

Signature of Athlete or Unified Partner: \_ Date:

RELEASE TO BE COMPLETED BY **PARENT/GUARDIAN** OF A **MINOR ATHLETE/**

**UNIFIED PARTNER** (under the age of 18 years of age)

**I am the parent/guardian of the athlete named in this application. I have read and fully understand the provisions of the above release, and have explained these provisions to the athlete. I agree to the above provisions on my own behalf and on behalf of the athlete name below.**

I am the parent/guardian of \_, of **(Special Olympics GB club name)**

a minor on whose behalf I have submitted the attached application for participation in Special Olympics.

I hereby represent that the athlete has my permission to participate in Special Olympics activities including sports training and competition, social events and Healthy Athletes Programme.

I further represent and warrant that there is no medical evidence which would preclude the athlete from participating in Special Olympics following a full medical check by a Licensed Medical Professional for symptoms of adverse neurological

effects including those that could result from spinal cord compression or symptomatic AAI and I also understand that Special Olympics recommends that the athlete has regular health screenings conducted by a licensed physician.

(OPTIONAL): *I am specifically granting my permission to Special Olympics to use the athlete's likeness, name, voice and words in television, radio, film, newspapers, magazines and other media, and in any form, for the purpose of advertising or communicating the purposes and activities of Special Olympics and/or applying for funds to support those purposes and activities.* ***YES / NO***

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

If a medical emergency should arise during the athlete's participation in Special Olympics activities, at a time when I am not personally present so as to be consulted regarding the athlete's care, I hereby authorise Special Olympics, on my behalf, to take whatever measures are necessary to ensure that the athlete is provided with any emergency medical treatment, including hospitalisation, which Special Olympics deems advisable in order to protect the athlete's health and well-being.

Signature of Parent or Guardian of Athlete or Unified Partner: \_ Date:



**Equal Opportunities Monitoring Form**

### Special Olympics GB would like to collect information from its athletes and coaches about their ethnic background. This will help us to assess the diversity of the organisation and whether we are meeting the needs of all sections of the intellectually disabled population.

We would therefore be grateful if you would indicate your ethnicity below. No information relating to any

individual’s ethnic background will be kept by Special Olympics GB.

**Completion of this form is OPTIONAL** and is not a condition of registration for Special Olympics GB.

*PRIMARY ROLE (Tick one box only)*

Athlete Unified Partner

*Ethnicity*

White Indian

Black British Pakistani

Black Caribbean Bangladeshi

Black African Chinese

Black Other East African Asian

British Asian Other

**Code of Conduct**

The full Special Olympics GB Athlete Code of Conduct can be found on [our website](https://resources.specialolympicsgb.org.uk/sogb/document/2022/02/17/a8a3a01d-cfde-49d7-b3d2-e807b5c549d9/Athlete-and-UnifiedPartner-Code-of-Conduct-2021.pdf).

Special Olympics GB is committed to providing safe, inclusive and enjoyable year-round sports training and athletic competition in a variety of Olympic-type sports for children and adults with intellectual disabilities.

As a Special Olympics Athlete or Unified Partner, you have a part to play in making Special Olympics GB a **safe, happy and fun place to be**.

Special Olympics GB expects a high standard of personal conduct and behavior from its Athletes and Unified Partners, and requires all Athletes and Unified Partners to follow this code of conduct.

**Sportsmanship**

• I will practice good sportsmanship.

• I will act in ways that bring respect to me, my coaches, my team, and Special Olympics.

• I will not use bad language.

• I will not swear or insult other persons.

• I will not fight with other athletes, coaches, volunteers, or staff.

**Training and Competition**

• I will train regularly.

• I will learn and follow the rules of my sport.

• I will listen to my coaches and the officials and ask questions when I do not understand.

• I will always try my best during training, divisioning, and competitions.

• I will not “hold back” in preliminary competition just to get into an easier finals’ competition division.

**Responsibility for my actions**

• I will not make inappropriate or unwanted physical, verbal, or sexual advances on

others.

• I will not smoke in non-smoking areas.

• I will not drink alcohol or use illegal drugs at Special Olympics sports training, competitions or Games.

• I will not take drugs for the purpose of improving my performance.

• I will obey all laws and Special Olympics rules, the International Federation and the National Governing Body rules for my sport(s).

**Acknowledgement**

I understand that if I do not obey this Code of Conduct, I will be subject to a range of consequences by my Programme or a Games Organising Committee for a World Games up to and including not being allowed to participate.

**Signed: Date:**