Family Membership Application Form

First Name																							
Surname																							
Address Line 1																							
Address Line 2																							
Address Line 3																							
City/Townland																							
County																							
Postcode (NI only)																							
Vol. ID Number(if applicable)																							
Day Phone																							
Evening Phone																							
Mobile																							
Email																							

Athlete Information

First Name																							
Surname																							
Date of Birth	D	D	M	M	Y	Y	Y	Y															

Please tick the following as appropriate:

- Relationship to Special Olympics athlete:
  ❑ Parent, ❑ Sibling, ❑ Guardian, ❑ Carer, ❑ Other: *please specify* _____

- By completing and submitting this form and Code of Conduct you will become a registered family member of Special Olympics Ireland.
  As a registered family member you will…
- Receive any general communications that issue periodically from Special Olympics Ireland/Region including the Connect Newsletter
- Receive information on all relevant Family events and Games
  In addition, you may, if you so wish be….
- Entitled to represent your athlete at Club level
- Eligible to represent the Club, if so appointed by the club, as their delegate at the Area or Annual Regional Meeting
- Eligible to represent the region, if so appointed by the region, as a delegate at the Special Olympics Ireland AGM

Signed: _____ Date: _____

Any information given on this form will be held in confidence and used for Special Olympics Ireland administration purposes only. I understand that my personal information will be held and processed by Special Olympics Ireland in accordance with the Data Protection Act 1988, as amended by the Data Protection Act 2003.

This form should be returned to your Special Olympics Regional office at the address below.

Insert Regional Address

Code of Conduct for Family Member/Carer

By signing below I hereby agree

- that my athlete/s is involved in his/her sport for their enjoyment and not mine
- to ensure that all relevant registration forms are complete and in date
- that the athlete's coach/es are fully aware of the health needs of my athlete/s and informed of any changes in their health or prescribed medications
- to drop off and collect athlete at the agreed times and inform the coach if the athlete is to be collected early or if there is a change in who will collect the athlete
- that athlete/s is properly and adequately attired for the sport and weather conditions for the time of year
- to help athlete/s to work towards skill improvement, good sportsmanship and not force an athlete/s to participate in any sport if unwilling
- to encourage athlete/s to play by the rules of his/her sport and teach that honest endeavour is as important as winning
- to make sure that athlete/s is never ridiculed, humiliated or shouted at for making a mistake or losing a match or an event
- to set a good example by applauding other athletes and encouraging the athlete to have mutual respect for team mates and fellow athletes
- not to use foul or abusive language or harass officials, coaches or other athletes
- to accept the official's judgement and recognise the value and importance of volunteers, coaches, and officials
- to abide by Special Olympics Ireland policies and procedures

Parents/Guardians have the right to:

- know your athlete/s is safe
- be informed of problems or concerns relating to your athlete/s
- be informed if your athlete/s is injured
- have your consent sought for issues such as trips
- have your opinions heard in relation to relevant Special Olympics issues

I have read Special Olympics Ireland Code of Conduct above and agree to abide by the guidelines as set out in the Code.

Signature of Parent/Guardian/Carer _____

Print Name_____ Date _____

Insert Regional Address