

How to edit Annual Affiliation Documents

Please update each sheet with the correct details and add in the names and ID numbers of any new volunteers or athletes. You may print the documents, make the changes and post them into me in the office or you may change them digitally and email them back.

Club Info Sheet / Annual Affiliation Form

- Please update the club contact person's name, address, phone number and email address.
Please also provide an alternative email address for the club contact.
 - This is the way we will contact your club throughout the year so it is important that we have accurate information.
- List training times and venues
- List all club management team members
- List all coaches in your club along with their qualification
- List all inclusive and interclub activities for the past year
- If completing electronically, you may type a signature

Info Sheet [Shared] - Excel

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Clipboard Font Alignment Number Styles


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2 **ANNUAL AFFILIATION FORM 2017/2018**

3 **Special Olympics Club**

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5 *Please check your details below, make any necessary amendments, sign and return the form by the deadline **28th September 2017** to: Special Olympics **Leinster** Region*

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9 **Correspondence Details** - If incorrect please amend (*if blank please supply*)

11 Contact Person: Daytime phone:

13 Contact Address: Evening phone:

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17 Mobile:

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21 Email:

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25 Alt Email:

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32 **Training Venue:**

Venue Name	City	Sport

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Centres and Schools Info Sheet

32 **Training Venue:**

34 Venue Name City Sport

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37 **Club Management Team (CMT):** ✓ represents SOI Membership Card.

39 Members of CMT listed without a ✓ are not registered Volunteers with Special Olympics Ireland.

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41 Special Olympics Coordinator:

42 Assistant Special Olympics Coordinator:

46 **Coaches & Qualifications:**

Name	Qualification (assigned coaches only) (Sport-Qualification-Level)
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53 **Interclub Activities:** (list if any took place in 2016/2017)

Club Name	Date	Sport	No. of Athletes
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60 **Inclusive Activities:** (list if any took place in 2016/2017)

Club Name	Date	Sport	No. of Athletes
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58 **Minimum Standards of Safe Operation in your Club: Please tick Y/N if Standard is in Place**

70 All Volunteers & Athletes Registered

71 Appropriate ratio of athletes to volunteers

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76 Qualified Coach

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80 **Comments/Corrections:**

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82 I confirm that **Special Olympics Club** wish to re-affiliate to Special Olympics Ireland for the year 2017/18.

NAME (): _____ SIGNATURE: _____

Membership ID: _____ Position held: _____

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Athlete and Volunteer Lists

- Some cells are locked and you cannot edit them
- Please type changes into the comments box
- Add new athletes in additional athletes box
 - Include membership number, DOB and sport
- If an athletes Medical expiry date is in red, the athlete needs a new APF

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9 **List of Athletes in Special Olympics Club - 2016/2017**

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Note 1		Note 2	Note 3	Note 4				
*If athlete is no longer with your Club, please cross out the name below & note the reason for leaving if known in the COMMENTS column. *Amend names where needed. *Non-registered athletes must complete an Athlete Participation Form (APF) which must be submitted with this form *Add in athletes not listed, state date of birth, sport, ID#		Amend Date of Birth if not Correct	Amend Athlete Medical Form expiry date if incorrect. Highlighted Athletes need a new APF	If 'Not issued', please contact regional office to have a Membership Card issued.				
ID	Athlete Name	DOB	Medical Expiry	Membership Card	Athletes	NEW SPORT	Comments	
Total Athletes per Sport:								
123456	Nuala O'Donovan	xx	xx		<input checked="" type="checkbox"/>			
123456	Patrick O'Reilly	xx	xx		<input checked="" type="checkbox"/>		No Longer in club	
123456	Aoife Reilly	xx	xx		<input checked="" type="checkbox"/>		Also takes part in Bocce	
Additional Athletes								
123456	Louise Duffy	xx	xx				New athlete, takes part in Bocce	

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Add in new athletes, as shown above

Update information in the comments box, as shown above