



Maccabiah Games Israel 2025

6th – 22nd July 2025

Operoo Guide

'A healthy, active and proud Jewish community integrated within British society'





Operoo Guide

Athletes / Managers will only be accepted on to the Maccabiah Games if they (or their Parents / Guardians for any Athlete under the age of 18) complete the <u>Operoo online medical form</u> and return this completed, alongside a signed and stamped General Practitioner (GP) form. These requirements have been put in place by the Maccabi GB's Medical Committee to provide the highest level of medical care for all participating athletes.

This step-by-step guide will enable you to complete the Operoo online profiles. If you have any questions or require further support, please contact the Maccabi GB Office Manager, Janice Aarons on Janice@maccabigb.org or the Designated Safeguarding Lead, Nathan Servi, on nathan@maccabigb.org

Step 1

Upon selection, each Junior, Open or Master athlete will receive an email notification requiring them to complete their Operoo Profile. Please click on the link provided in the email – on a computer **[Operoo registration and form completion will NOT work on mobile]** - and follow all the required steps to fill in the online profile.

Please note: this is an extensive medical form, which includes emergency contact and a full health assessment of the Maccabiah athlete / manager. The process of filling in all the required information will take approximately 15 minutes.

This information represents a Legal Requirement and an essential component for every athlete & manager to train and compete as part of Team Maccabi GB at the Maccabiah Games in Israel this coming July 2025.

Failure to complete the Operoo profile, will result in the inability of the athlete to take part in training and competition.

Maccabi GB and its Medical team will analyse all the submitted Operoo profiles and might require further information in regards to conditions presented.

A further update to the Medical form will be requested approximately 1 month prior to departure; this will only require to update any details with new medical conditions or contact details.







Step 2

Once you click on the email link a first registration link will open.

Please confirm a valid – used – email address and mobile number, as well as if you are completing this form for a Junior athlete (anyone Under 18) or for yourself (Open and Master athletes)

Sign Up for Europe Region	
Vim not a robot	
I have authority to provide details for Mark Smith	
I am this person's	
Self (the care profile is for me)	
Your name*	
Mark Smith	
Your email address"	
info@streetwisegb.org	
Password*	
Choose a new password	
Password confirmation*	
Must match with password	
Your mobile phone number*	
eg: 07700 900167	
Country	

Step 3

Please complete all personal details, including Nickname if this is used by the athlete.

	×	TIGITIO	rtotoin •	ronnelbrary	110113	ing ridcount +	noip +	er olgi ola
<		New P	rofile					
Your relationship to Mark Smith . You are this person's:								
Self (the care profile is for m $~\checkmark$								
Personal Details for Mark Smith								
All information below pertains specifically to Mark Smith								
First name_								
Mark								
Last name:								
Smith								
Preferred first name								
if different from first name								
Gender								
Birth day Birth month Birth	year							
· ·	~							
Contact Details for Mark Smith								
All information below pertains specifically to Mark Smith								
Parent/guardian information will be entered on another page								Live Chu





Step 4

Please upload a current, clear image of the athlete. This is essential in cases of emergency, when the Medical Team or First aider on site must be able to recognise the individual (for example if the emergency occurs when the athlete's managers are not on site)

👌 Operoo Central -	۲	Home	Recent -	Form Library	News	My Account -	Help -	🔂 Sign Out
<	Crop in	nage for	Mark Smit	th				
	4	PROFILE PI	HOTO d steps +					
Current Profile Photo								
2								
Choose File No file chosen								
_								
Skip								

Step 5

Please include all three required emergency contacts' details. These are essential in the lead up to and during the Games. If the first emergency contact is not reachable, the Medical team will attempt to reach the other two contacts.

× .		Emerg	gency contacts to	wark Smith			
			EMERGENCY CONT	ACTS ps +			
Enter the best of	intacts in an emergen	cy. Put parents and guardians at the top, then	other contacts.				
You will be able	to arrange these in ord	der eg. Mother, Father, Step-mother, Grandpa	rent, Brother.				
There is no limit	to the number of eme	rgency contacts you can enter but you must h	ave at least 2 emergency	contact.			
Palationship	Mama	Email	Home shore	Work shape	Mobile phone	Position	
verauoriship	Hame	Eman	Home phone	work phone	mobile priorie	Position	
Carer	John Smith	☑ johnsmith@streetwisegb.org			07788523695	t Up 1 Down	Ed! Delete
Mother	Lauren Smith				02226565232	t Up 4 Down	Edil Deleto
Babysitter	Leslie smith				02214865225	f Up 4 Down	Edt Delete
Demonstration							
Remainder to	mendue any grandp	arents, uncles and soms as energency co	inducta.				
Add	Contact	Continue					

Step 6

Please complete the Emergency Information in this section, including NHS number

		E	MERGENCY	INFORMATION				
			A 3 unfini	shed steps -				
o you object to transfusions."		⊖ Yes	ONO	Community serv	ices card*		OYes	O No
HS number."		⊖Yes	ONO	Private health in	surance <u>*</u>		() Yes	⊙ No
Vears glasses <u>*</u>		() Yes	ONO	Wears contact le	nses <u>*</u>		OYes	ONO
'aracetamol may be given≛		⊖ Yes	ONO	Blood type:				Unknown 🗸
wimming ability	Cannot swim		~	Last tetanus imr	nunisation		Neven	Unknown 🗸





Step 7

Please be thorough in identifying any Physical OR Mental Health Medical Condition that the athlete presents.

Please add any additional Physical OR Mental Health condition in the box at the bottom of the page – we require that you do not omit any information at this stage.

Operoo Central -	•	Home	Recent - Fo	orm Library	News	My Account -	Help -	G Sign Out
¢	Edit Medica	al Conditi	ions for Mark S	Smith				
		MEDICAL CO	ONDITIONS					
			neu steps •					
Dietary Requirements Further informa	ation will be required after say	ina						
Dietary requirements* OYes ONo								
,								
Please indicate if Mark Smith has any dietary requirement	ents. Indicate below if they perta	n to any other	r medical condition.					
Medical Conditions								
IVIEUICAL CONDITIONS Further information	will be required after saving							
Allergies (Anaphylactic)*	Yes	ONo	Hearing impairmen	ť			OYe	s 💿No
Allergies (Non-Anaphylactic)	Yes	ONO	Heart condition*				⊖ Ye	s 💿No
Anorexia/Eating Disorder	⊖Yes	 No 	Joint/Muscle/Bone	Problem*			• Ye	s ONo
Asthma <u>*</u>	⊖Yes	 No 	Mental Health Issue	• <u>.</u>			 Yes 	s ONo
Bleeding disorder.	⊖Yes	 No 	Migraines <u>*</u>				• Ye	s ONo
Blackouts/Dizziness/Fainting*	OYes	 No 	Phobia <u>*</u>				⊖ Ye	s <mark>o</mark> No
Diabetes <u>*</u>	OYes	 No 	Sight impairment				O Ye	s 💿No
Eczema/Skin Condition*	OYes	() No	Sleep walking*				 Yes 	s ONo
Epilepsy/Seizures	OYes	No	Travel sickness.				⊖ Ye	s 💿No
Other Conditions Further information wil	I be required after saving							
Add another medical condition								
ADD/ADHD	~	+ Add						

Step 8

For any additional Medical Condition, you will be required to complete a 'Safety Alert' page with further information about the condition.

Please note: this enables the Maccabi GB Medical team to support athletes in their needs; whilst you might not be able to identify the 'Risk Level' for the condition, a thorough description, as well as any notes about medication, GP assessment etc, will enable the Maccabi GB Medical team to make further enquiries in order to create a Medical provision for the athlete.

<	Edit Safety alerts for Mark	Smith		
	MENTAL HEALTH ISSUE			
	▲ 8 unfinished steps -			
	Name,			
	mental Fealurissue			
	Risk level			
	Moderate		*	
	Description:			
	Anxiety & Stress			
	Medication required for this condition			
	These are my approved care instructions."			
	Opioad an attachment (PDF file of Picture)			
	Review date/Expiry date for Action Plan			
	Update Delete			
				Live C





Step 9 (Master Athletes only)

Please complete the 'Additional Master Athlete Questionnaire' as instructed at the bottom of your profile page.

Step 10

Please fill in the 'Consent' page, sign the form and submit this.

Once you have signed and agreed, please ensure you click on 'Share with Maccabi GB' in order for us to receive your profile.

<		Cons	ent					
		CONS	ENT					
		▲ Consen	t below -					
confirm that the details provided in this profile at the details can be relied upon by users of	e are accurate to the best of my ability. By sha this information who have me in their care.	iring this pro	file I confirm	The following orga	inisation ha	we requested your p	rofile informatic	n
				Maccabi G	BB			
						Administrator Name	Nathan Servi	1
						Administrator Email	nathan@mai	ccabigb.org
						Country	United Kingd	lom
				I consent organisation	to sharing 1.	my medical profile	with the abov	/e
				Please Draw your	signature	below		
				Cheer				Show me how
				By checking t	his box I a	gree to all of the ab	ove.	
				1 Ag	ree			Loss Chur
								10000 001000

If you have any questions or require further support, please contact the Maccabi GB Office Manager, Janice Aarons on Janice@maccabigb.org or the Designated Safeguarding Lead, Nathan Servi, on <u>nathan@maccabigb.org</u>

On behalf of Maccabi GB, thank you for submitting the participant Operoo Profile