

# ATHLETE REGISTRATION FORM

**Special Olympics**



State Special Olympics Program: \_\_\_\_\_ Local Area/Delegation: \_\_\_\_\_

Are you a new athlete to Special Olympics or Re-Registering?      New Athlete      Re-Registering

<b>ATHLETE INFORMATION</b>		
<b>First Name:</b>	<b>Middle Name:</b>	
<b>Last Name:</b>	<b>Preferred Name:</b>	
<b>Date of Birth (mm/dd/yyyy):</b>	Female	Male      Other Gender Identity
<b>Race/Ethnicity:</b> <span style="float: right;">Prefer not to answer</span> <div style="display: flex; justify-content: space-between;"> <span>American Indian/Alaskan Native</span> <span>Asian American</span> <span>More than one race</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Black or African American</span> <span>Native Hawaiian or Other Pacific Islander</span> </div> <div style="display: flex; justify-content: space-between;"> <span>White or Caucasian</span> <span>Hispanic or Latinx</span> </div>		
<b>Language(s) Spoken in Athlete's Home (Optional):</b> Check all that apply English      Spanish      Other (please list): _____		
<b>Street Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Phone:</b>	<b>E-mail:</b>	
<b>Sports/Activities:</b>		
<b>Athlete Employer, if any (Optional):</b>		
<b>Does the athlete have the capacity to consent to medical treatment on his or her own behalf?</b> Yes      No		
<b>PARENT / GUARDIAN INFORMATION (required if minor or otherwise has a legal guardian)</b>		
<b>Name:</b>		
<b>Relationship:</b>		
Same Contact Info as Athlete		
<b>Street Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Phone:</b>	<b>E-mail:</b>	
<b>EMERGENCY CONTACT INFORMATION</b>		
Same as Parent/Guardian		
<b>Name:</b>		
<b>Phone:</b>	<b>Relationship:</b>	
<b>PHYSICIAN &amp; INSURANCE INFORMATION</b>		
<b>Physician Name:</b>		
<b>Physician Phone:</b>		
<b>Insurance Company:</b>	<b>Insurance Policy Number:</b>	
<b>Insurance Group Number:</b>		

# ATHLETE REGISTRATION FORM – PART A/B

**Special Olympics**



## ATHLETE ADDITIONAL PROFILE INFORMATION

**Preferred Contact Method:**  Phone  Text  Email

**Residential Setting Type:**  Group Home  Family Home  Independent Living

**Agency:**

**Agency phone:**

**Social Media Channels Athlete Uses:**

Facebook#:

Instagram#:

Twitter#:

LinkedIn#:

**School Name (if attending):**

**Address:**

**Graduation Year:**

## PARENT / GUARDIAN ADDITIONAL INFORMATION (required if minor or otherwise has a legal guardian)

**Parent/Guardian Preferred Contact Method:**  Phone  Text  Email

**Parent/Guardian Employer Name:**

## OTHER INFORMATION

**Date of Completion:**

**How did you hear about Special Olympics?**

Instagram/Facebook  LinkedIn  Email or  
Newsletter  Donor/Partner  Word of Mouth

Other:

# Athlete Medical Form – HEALTH HISTORY

(To be completed by the athlete or parent/guardian/caregiver and brought to exam)

**Special  
Olympics**



Athlete First & Last Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Athlete Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Female Male Other Gender Identity

STATE PROGRAM: \_\_\_\_\_ E-mail: \_\_\_\_\_

### ASSOCIATED CONDITIONS - Does the athlete have (check any that apply):

Autism	Down Syndrome	Fragile X Syndrome
Cerebral Palsy	Fetal Alcohol Syndrome	
Other Syndrome, please specify: _____		

### ALLERGIES & DIETARY RESTRICTIONS

No Known Allergies  
Latex  
Medications: \_\_\_\_\_  
Insect Bites or Stings: \_\_\_\_\_  
Food: \_\_\_\_\_

### ASSISTIVE DEVICES - Does the athlete use (check any that apply):

Brace	Colostomy	Communication Device
C-PAP Machine	Crutches or Walker	Dentures
Glasses or Contacts	G-Tube or J-Tube	Hearing Aid
Implanted Device	Inhaler	Pacemaker
Removable Prosthetics	Splint	Wheel Chair

List any special dietary needs:

### SPORTS PARTICIPATION

List all Special Olympics sports the athlete wishes to play:

Has a doctor ever limited the athlete's participation in sports?

No Yes If yes, please describe:

### SURGERIES, INFECTIONS, VACCINES

List all past surgeries:

Does the athlete currently have any chronic or acute infection?

No Yes If yes, please describe:

Has the athlete ever had an abnormal Electrocardiogram (EKG) or Echocardiogram (Echo)? If yes, describe date and results

Yes, had abnormal EKG

Yes, had abnormal Echo

Has the athlete had a Tetanus vaccine in the past 7 years? No Yes

### EPILEPSY AND/OR SEIZURE HISTORY

Epilepsy or any type of seizure disorder No Yes

If yes, list seizure type: \_\_\_\_\_

If yes, had seizure during the past year? No Yes

### MENTAL HEALTH

Self-injurious behavior during the past year	No	Yes	Depression (diagnosed)	No	Yes
Aggressive behavior during the past year	No	Yes	Anxiety (diagnosed)	No	Yes

Describe any additional mental health concerns:

### FAMILY HISTORY

Has any relative died of a heart problem before age 50? No Yes

Has any family member or relative died while exercising? No Yes

List all medical conditions that run in the athlete's family:

# Athlete Medical Form – HEALTH HISTORY

(To be completed by the athlete or parent/guardian/caregiver and brought to Exam)



Athlete's First and Last Name: \_\_\_\_\_

**HAS THE ATHLETE EVER BEEN DIAGNOSED WITH OR EXPERIENCED ANY OF THE FOLLOWING CONDITIONS**

Loss of Consciousness	No	Yes	High Blood Pressure	No	Yes	Stroke/TIA	No	Yes
Dizziness during or after exercise	No	Yes	High Cholesterol	No	Yes	Concussions	No	Yes
Headache during or after exercise	No	Yes	Vision Impairment	No	Yes	Asthma	No	Yes
Chest pain during or after exercise	No	Yes	Hearing Impairment	No	Yes	Diabetes	No	Yes
Shortness of breath during or after exercise	No	Yes	Enlarged Spleen	No	Yes	Hepatitis	No	Yes
Irregular, racing or skipped heart beats	No	Yes	Single Kidney	No	Yes	Urinary Discomfort	No	Yes
Congenital Heart Defect	No	Yes	Osteoporosis	No	Yes	Spina Bifida	No	Yes
Heart Attack	No	Yes	Osteopenia	No	Yes	Arthritis	No	Yes
Cardiomyopathy	No	Yes	Sickle Cell Disease	No	Yes	Heat Illness	No	Yes
Heart Valve Disease	No	Yes	Sickle Cell Trait	No	Yes	Broken Bones	No	Yes
Heart Murmur	No	Yes	Easy Bleeding	No	Yes	Dislocated Joints	No	Yes
Endocarditis	No	Yes	If female athlete, list date of last menstrual period: _____					

**Describe any past broken bones or dislocated joints**

(if yes is checked for either of those fields above):

**List any other ongoing or past medical conditions:**

**Neurological Symptoms for Spinal Cord Compression and Atlanto-axial Instability**

<b>Difficulty controlling bowels or bladder</b>	No	Yes	<i>If yes, is this new or worse in the past 3 years?</i>	No	Yes
<b>Numbness or tingling in legs, arms, hands or feet</b>	No	Yes	<i>If yes, is this new or worse in the past 3 years?</i>	No	Yes
<b>Weakness in legs, arms, hands or feet</b>	No	Yes	<i>If yes, is this new or worse in the past 3 years?</i>	No	Yes
<b>Burner, stinger, pinched nerve or pain in the neck, back, shoulders, arms, hands, buttocks, legs or feet</b>	No	Yes	<i>If yes, is this new or worse in the past 3 years?</i>	No	Yes
<b>Head Tilt</b>	No	Yes	<i>If yes, is this new or worse in the past 3 years?</i>	No	Yes
<b>Spasticity</b>	No	Yes	<i>If yes, is this new or worse in the past 3 years?</i>	No	Yes
<b>Paralysis</b>	No	Yes	<i>If yes, is this new or worse in the past 3 years?</i>	No	Yes

**PLEASE LIST ANY MEDICATION, VITAMINS OR DIETARY SUPPLEMENTS BELOW**

(includes inhalers, birth control or hormone therapy)

Medication, Vitamin or Supplement Name	Dosage	Times per Day	Medication, Vitamin or Supplement Name	Dosage	Times per Day	Medication, Vitamin or Supplement Name	Dosage	Times per Day

Is the athlete able to administer his or her own medications?      No      Yes

Name of Person Completing this Form	Relationship to Athlete	Phone	Email
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# ATHLETE RELEASE FORM

Special Olympics



I agree to the following:

- 1. Ability to Participate.** I am physically able to take part in Special Olympics activities.
- 2. Likeness Release.** I give permission to Special Olympics, Inc., Special Olympics games organizing committees, and Special Olympics accredited Programs (collectively "Special Olympics") to use my likeness, photo, video, name, voice, words, and biographical information to promote Special Olympics and raise funds for Special Olympics.
- 3. Risk of Concussion and Other Injury.** I know there is a risk of injury. I understand the risk of continuing to play sports with or after a concussion or other injury. I may have to get medical care if I have a suspected concussion or other injury. I also may have to wait 7 days or more and get permission from a doctor before I start playing sports again.
- 4. Emergency Care.** If I am unable, or my guardian is unavailable, to consent or make medical decisions in an emergency, I authorize Special Olympics to seek medical care on my behalf, unless I mark one of these boxes:
  - I have a religious or other objection to receiving medical treatment. (Not common.)
  - I do not consent to blood transfusions. (Not common.)(If either box is marked, an EMERGENCY MEDICAL CARE REFUSAL FORM must be completed.)
- 5. Overnight Stay.** For some events, I may stay in a hotel or someone's home. If I have questions, I will ask.
- 6. Health Programs.** If I take part in a health program, I consent to health activities, screenings, and treatment. This should not replace regular health care. I can say no to treatment or anything else at any time.
- 7. Personal Information.** I understand that Special Olympics will be collecting my personal information as part of my participation, including my name, image, address, telephone number, health information, and other personally identifying and health related information I provide to Special Olympics ("personal information").
  - I agree and consent to Special Olympics:
    - using my personal information in order to: make sure I am eligible and can participate safely; run trainings and events; share competition results (including on the Web and in news media); provide health treatment if I participate in a health program; analyze data for the purposes of improving programming and identifying and responding to the needs of Special Olympics participants; perform computer operations, quality assurance, testing, and other related activities; and provide event-related services.
    - using my contact information for communicating with me about Special Olympics.
    - sharing my personal information confidentially with (i) researchers such as universities and public health agencies that are studying intellectual disabilities and the impact of Special Olympics activities, (ii) medical professionals in an emergency, and (iii) government authorities for the purpose of assisting me with any visas required for international travel to Special Olympics events and for any other purpose necessary to protect public safety, respond to government requests, and report information as required by law.
  - I have the right to ask to see my personal information or to be informed about the personal information that is processed about me. I have the right to ask to correct and delete my personal information, and to restrict the processing of my personal information if it is inconsistent with this consent.
  - *Privacy Policy.* Personal information may be used and shared consistent with this form and as further explained in the Special Olympics privacy policy at [www.SpecialOlympics.org/Privacy-Policy](http://www.SpecialOlympics.org/Privacy-Policy).

<b>Athlete Name:</b>	
<b>ATHLETE SIGNATURE</b> (required for adult athlete with capacity to sign legal documents)	
<b>I have read and understand this form. If I have questions, I will ask. By signing, I agree to this form.</b>	
<b>Athlete Signature:</b>	<b>Date:</b>
<b>PARENT/GUARDIAN SIGNATURE</b> (required for athlete who is a minor or lacks capacity to sign legal documents)	
<b>I am a parent or guardian of the athlete. I have read and understand this form and have explained the contents to the athlete as appropriate. By signing, I agree to this form on my own behalf and on behalf of the athlete.</b>	
<b>Parent/Guardian Signature:</b>	<b>Date:</b>
<b>Printed Name:</b>	<b>Relationship:</b>

**WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION  
AGREEMENT FOR COMMUNICABLE DISEASES  
("Agreement") for  
SPECIAL OLYMPICS**

In consideration of being allowed to participate in any way in Special Olympics sports training, competition or fundraising activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious and/or communicable diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Special Olympics, Inc, Special Olympics New York their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Name of Participant: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

**FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

# ATHLETE LIKENESS RELEASE FOR SPONSORS (OPTIONAL)

**Special Olympics**



**Special Olympics relies on sponsors and partners to help support our mission. We often use photos, videos and stories of our athletes to show the impact of support by companies that sponsor Special Olympics. If you wish to allow your likeness to be used in this way, please read and sign below.**

I agree to the following:

- I give permission to Special Olympics, Inc., Special Olympics games organizing committees, and Special Olympics accredited Programs (collectively “Special Olympics”) and their sponsors and partners to use my likeness, photo, video, name, voice, words, and biographical information (“my likeness”) to acknowledge the sponsors’ and partners’ support for Special Olympics.
- Special Olympics and its sponsors and partners will not use my Likeness to endorse commercial products or services.
- I understand I will not be compensated for the use of my Likeness.

<b>Athlete Name:</b>	
<b>ATHLETE SIGNATURE</b> (required for adult athlete with capacity to sign legal documents)	
I have read and understand this form. If I have questions, I will ask. By signing, I agree to this form.	
<b>Athlete Signature:</b>	<b>Date:</b>
<b>PARENT/GUARDIAN SIGNATURE</b> (required for athlete who is a minor or lacks capacity to sign legal documents)	
I am a parent or guardian of the athlete. I have read and understand this form and have explained the contents to the athlete as appropriate. By signing, I agree to this form on my own behalf and on behalf of the athlete.	
<b>Parent/Guardian Signature:</b>	<b>Date:</b>
<b>Printed Name:</b>	<b>Relationship:</b>



## **CONCUSSION AWARENESS AND SAFETY RECOGNITION POLICY**

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### **Objective**

It is Special Olympics' intent to take steps to help ensure the health and safety of all Special Olympics participants. All Special Olympics participants should remember that safety comes first and should take reasonable steps to help minimize the risks for concussion or other serious brain injuries.

### **Defining a Concussion**

A concussion is defined by the Centers for Disease Control as a type of traumatic brain injury caused by a bump, blow, or jolt to the head as well as serial, cumulative hits to the head. Concussions can also occur from a blow to the body that causes the head and brain to move quickly back and forth—causing the brain to bounce around or twist within the skull. Although concussions are usually not life-threatening, their effects can be serious and therefore proper attention must be paid to individuals suspected of sustaining a concussion.

### **Suspected or Confirmed Concussion**

A participant who is suspected of sustaining a concussion in a practice, game or competition shall be removed from practice, play or competition at that time. If a qualified medical professional is available on-site to render an evaluation, that person shall have final authority as to the removal or return to play of the participant. If applicable, the participant's parent or guardian should be made aware that the participant is suspected of sustaining a concussion.

### **Return to Play**

A participant who has been removed from practice, play or competition due to a suspected concussion may not participate in Special Olympics sports activities until either of the following occurs (1) at least seven (7) consecutive days have passed since the participant was removed from play and a currently licensed, qualified medical professional provides written clearance for the participant to return to practice, play and competition or (2) a currently licensed, qualified medical professional determines that the participant did not suffer a concussion and provides written clearance for the participant to return to practice play immediately. Written clearance in either of the scenarios above shall become a permanent record.

The Centers for Disease Control website [www.cdc.gov/concussion](http://www.cdc.gov/concussion) provides additional resources relative to concussions that may be of interest to participants and their families.