

SPECIAL OLYMPICS BRITISH COLUMBIA ATHLETE REGISTRATION FORM

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|---|--|-------------------------------|--|
| DATE | | SOBC LOCAL | |
| FIRST NAME | | MIDDLE NAME /INITIAL | LAST NAME |
| HOME ADDRESS AND CONTACT INFORMATION | <i>Street Name & No.</i> | | |
| | <i>City</i> | <i>Province</i> | <i>Postal Code</i> |
| | <i>Home Phone #</i> | <i>Home Fax #</i> | |
| | <i>E-mail address</i> | <i>Cell Phone #</i> | |
| | <i>Mailing Address, if different from above, i.e., Box Number, RR Number</i> | | |
| | <i>City</i> | <i>Province</i> | <i>Postal Code</i> |
| PRIMARY EMERGENCY CONTACT | <i>Name</i> | <i>Relationship</i> | |
| | <i>Day Phone #</i> | <i>Evening Phone #</i> | |
| ALTERNATE EMERGENCY CONTACT | <i>Name</i> | <i>Relationship</i> | |
| | <i>Day Phone #</i> | <i>Evening Phone #</i> | |
| GENDER | <input type="checkbox"/> Male <input type="checkbox"/> Female | ABORIGINAL | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | DATE OF BIRTH | <i>Month Day Year</i> |
| CARE CARD # | | | |
| CRIMINAL RECORD | Do you have a criminal record of any kind, or have you ever been charged with a criminal offence? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate the nature of the offence: _____ | | |
| PARENT/ GUARDIAN INFORMATION | <i>First Name</i> | <i>Last Name</i> | |
| | <i>Address (if different from the athlete)</i> | | |
| | <i>City</i> | <i>Province</i> | <i>Postal Code</i> |
| | <i>Day Phone #</i> | <i>Evening Phone #</i> | <i>E-mail address</i> |
| LIVING SITUATION | <input type="checkbox"/> Parental <input type="checkbox"/> Non-parental Family <input type="checkbox"/> Foster Parents/Caregiver/Guardian <input type="checkbox"/> Independent <input type="checkbox"/> Group Home <input type="checkbox"/> Supported Independent Living <input type="checkbox"/> Prefer not to say | | |
| | <i>Name of Group Home</i> | <i>Group Home Phone #</i> | |
| | <i>Name of Support Worker</i> | <i>Support Worker Phone #</i> | |

SEE REVERSE SIDE

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| | | | |
|---|--|--|--|
| FIRST NAME | | LAST NAME | |
| MEDICAL INFORMATION | DOWN SYNDROME <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i> <i>If yes, please complete information below.</i> | | |
| | DATE OF LAST ATLANTO-AXIAL DISLOCATION X-RAY : <i>Month</i> <i>Day</i> <i>Year</i> | | |
| | WAS THE X-RAY NEGATIVE OR POSITIVE? | | <input type="checkbox"/> <i>Negative</i> <input type="checkbox"/> <i>Positive</i> |
| SPORTS CURRENTLY INVOLVED IN | <input type="checkbox"/> Active Start <input type="checkbox"/> Bowling, 5-Pin | <input type="checkbox"/> Rhythmic Gym. <input type="checkbox"/> Soccer | <input type="checkbox"/> Athletics (T&F) <input type="checkbox"/> Curling <input type="checkbox"/> Skating, Figure <input type="checkbox"/> Softball |
| | <input type="checkbox"/> Athletic Club <input type="checkbox"/> Floor Hockey <input type="checkbox"/> Skating, Speed <input type="checkbox"/> Swimming | | |
| | <input type="checkbox"/> Basketball <input type="checkbox"/> FUNdamentals <input type="checkbox"/> Skiing, Alpine | | |
| | <input type="checkbox"/> Bocce <input type="checkbox"/> Golf <input type="checkbox"/> Skiing, Cross-Country | | |
| | <input type="checkbox"/> Bowling, 10-Pin <input type="checkbox"/> Powerlifting <input type="checkbox"/> Snowshoeing | | |

Provincial Privacy Policy

Special Olympics BC adheres to all legislative requirements with respect to protecting your personal information. We will not rent, sell, or trade your personal information. Information provided will be used for communication purposes to deliver programs, services, special events, funding activities, and more. To view the Special Olympics BC privacy policy in detail, please visit <http://www.specialolympics.bc.ca/privacy>.

Provincial Waiver or Release

I, the undersigned athlete (parent/caregiver/legal guardian), hereby request permission to participate in Special Olympics programs. I agree to abide by Special Olympics rules, policies, procedures, philosophies, and codes of conduct. I represent and warrant that I am physically and mentally able to participate in Special Olympics programs, competitions, and activities. I acknowledge that I will be using facilities and programs at my own risk and I hereby release, discharge, and indemnify Special Olympics British Columbia Society and Special Olympics Canada Inc., and the directors, officers, volunteers, and staff of these organizations from all liability for injury to person or damage to property both now and in the future. In participating in Special Olympics activities, I am specifically granting permission to use my likeness, voice, and words in television, radio, film, newspaper, magazine, internet, and other media, and in any form not heretofore described for the purpose of advertising or communicating the purposes or activities of Special Olympics and in appealing for funds to support such activities. If I am unable to be consulted in case of any emergency or necessity, Special Olympics and its agents are authorized on my behalf and for my account to take such measures and arrange for such medical and hospital treatment as may be deemed advisable for my health and well-being. Any and all references to Special Olympics include and apply equally to Special Olympics Inc., Special Olympics Canada Inc., and Special Olympics British Columbia Society. I understand that any misrepresentation or omission of information on my part is cause for refusal or dismissal as an athlete with Special Olympics. I affirm that I have read the above and that the information I have given is true and complete.

Criminal Record Check and Vulnerable Sector Screening

I understand that I am required to immediately inform the CEO of Special Olympics BC of any charge or conviction for a criminal offence and that I may be required to withdraw until such time as my charge is dealt with. Should I be convicted of a criminal offence, a decision will be made as to my future eligibility to participate as an athlete with Special Olympics BC.

Athlete _____
Signature *Print Name*

Date

Athletes under the age of 19 must have parent/caregiver/legal guardian sign this release on their behalf.

Parent/Caregiver/Guardian _____
Signature *Print Name*

Parent/Caregiver/Guardian _____
Phone Number *Date*

Last revised: 06/09



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| <p>To be completed by Local:</p> <p>This registration has been received and verified by Local # _____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><i>Initials</i></p> |
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