

Special Olympics
Prince Edward Island



**Volunteer Registration Form
2023-2024**

First Name		Last Name	
Middle Name/ Initial		Email Address	
Date of Birth	Month Day Year	Gender Identity	Optional
Home Address	Street Name and No.	Apt. No. or R.R. No.	
	City	Province	Postal Code

Do you have a Locker with the Coaching Association of Canada?

Yes No

If yes, please record NCCP No.
(If you do not know your No., please indicate here and the office can look it up.)

Emergency Contact	Name	Relationship
	Phone No.	Email Address

Medical Information

PLEASE INDICATE ANY MEDICAL CONCERNS THAT WE SHOULD BE AWARE OF (I.E.—ALLERGIES, DIETARY RESTRICTIONS)

Phone No.	Home	Cell	Primary Language	
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T-Shirt Size

Youth Men's Women's Size: _____

Program Volunteer Information

PLEASE INDICATE THE TYPE OF PROGRAMS IN WHICH YOU WANT TO VOLUNTEER (NEW APPLICANTS ONLY)

Sport Programs Athlete Leadership Healthy Athletes Fundraising Support

PLEASE INDICATE THE REGION IN WHICH YOU VOLUNTEER:

Prince County Central Kings County

Criminal Record Check

Volunteers over the age of eighteen (18) must submit, along with their registration and participant waiver, a Vulnerable Sector Check complete within ninety (90) days of when the forms are submitted. Volunteers who have been with Special Olympics PEI for less than 3 years, must complete this each year. Volunteers who have been with Special Olympics PEI for 3 years or more, must submit these checks every 3 years.

If you require a reference letter to have your Vulnerable Sector Check completed free of charge, please contact the office, and a staff member will provide you with the letter.

Return to:

Special Olympics Prince Edward Island

40 Enman Crescent, Room 240 Charlottetown, PE C1E 1E6

Phone: 902-368-8919 Toll Free: 1-800-287-1196 Fax: 902-892-4553



The Special Olympics Terms and Conditions are basic rules for participation in Special Olympics. The full wording of the Terms and Conditions can be found here: <https://www.specialolympics.ca/pei/learn/policies-publications>

Athletes must agree to the Terms and Conditions to participate in Special Olympics. By signing below you agree to the Special Olympics Terms and Conditions on behalf of the participant named on this form, and you confirm that you have the legal authority to do so.

TERMS AND CONDITIONS: SHORT DESCRIPTION

This section is NOT the legal document and is meant to explain what Terms and Conditions are. The full wording of the Terms and Conditions can be found at the link noted above.

The Special Olympics Terms and Conditions are made up of four things:

1. The Waiver says that you can get hurt playing sports. If the playing conditions are safe, it is not Special Olympics' fault if you get hurt.
2. The Media Release says you agree to let Special Olympics use pictures and videos of you to help tell the story of what Special Olympics does.
3. The Privacy Policy says that Special Olympics will keep your personal information safe.
4. The Code of Conduct explains the rules about how to act when you are at Special Olympics.

If you need help to understand please contact a staff person at Special Olympics PEI to help.

CRIMINAL RECORD

Has the person who is being registered through this form ever been charged with or convicted of any criminal offence (including but not limited to, as a youth under the Youth Criminal Justice Act, or the laws of another country)?

No Yes

***If the answer is yes to the above question, please indicate the nature of the offence: _____**

[IMPORTANT: If you answered yes, please contact Charity Sheehan (902-368-8919) to discuss the individual situation after you sign this form. An individual's participation will depend on the specific terms of the case.]

MEDIA RELEASE OPT-IN/OPT-OUT

I allow Special Olympics to use my/their picture, words, or voice in promotional media: Yes No

TERMS AND CONDITIONS DECLARATION

I agree to the Special Olympics Terms and Conditions and attest that my answers on the media release opt-in/opt-out and criminal record are true.

Participant Name: _____ Date: _____

Parent/Legal Guardian Name: _____ Signature: _____

If signing as a Parent/Legal Guardian you are confirming that you have the legal right to do so.

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