SPECIAL OLYMPICS ALBERTA
ATHLETE REGISTRATION FORM

PARTICIPANT INFORMATION	First Name		Last Name
	Date of Birth		Email Address
PROGRAM INFORMATION	Chapter **SO ALBERTA**	Region	Community
	Winter Sports ☐ Curling ☐ Floor Hockey ☐ Skating – Figure ☐ Skating – Speed Skating ☐ Skiing - Alpine ☐ Skiing – Cross Country ☐ Snowshoeing ☐ Soccer/Indoor	**Summer Sports** ☐ 5 Pin Bowling ☐ 10 Pin Bowling ☐ Softball ☐ Athletics ☐ Basketball ☐ Golf ☐ Power Lifting ☐ Rhythmic Gymnastics ☐ Soccer/outdoor ☐ Swimming ☐ Bocce	**Youth Program** ☐ Active Start ☐ FUNdamentals **Other Programs** ☐ Fitness ☐ Youth Development ☐ Other _____
ADDITIONAL PARTICIPANT INFORMATION	Salutation		Middle Name
	Sex ☐ Male ☐ Female ☐ X		Gender Identity
	Cultural Background		Do you Identify as Aboriginal? ☐ Yes ☐ No
CONTACT INFORMATION	Email 2		Email 3
	Home Phone		Mobile Phone
	Business Phone		Business Extension
	Fax phone		Fax Extension
	Nickname		
COMMUNICATION AND PREFERENCES	Primary Language Preference ☐ English ☐ French		
	Communication Preference ☐ Contact Allowed ☐ Do Not Contact		
PRIMARY ADDRESS	Street 1		Street 2
	Street 3		City
	Province	Country	Postal Code

SECONDARY ADDRESS	Street 1		Street 2
	Street 3		City
	Province	Country	Postal Code
MEDICAL INFORMATION	Health Card Number		
	Card Issued By		Card Expiry
	Doctor's Name		
	Doctor's Phone Number		Extension
	Medication and Dosage		
	Other Medical Notes		
MEDICAL CONDITIONS	Conditions:		
	Do You Have Down Syndrome? ☐ Yes ☐ No		
	Atlanto Axial X-Ray Date		
	Atlanto Axial X-Ray Result ☐ Unknown ☐ Positive ☐ Not Required ☐ Refused ☐ Negative		
	Do You Have Seizures? ☐ Yes ☐ No		
	Seizures Controlled By:		
	Do You Have Allergies? ☐ Yes ☐ No		
	How Do You Treat Your Allergies?		
	Dietary Restrictions:		
	Other Health Devices:		
DISABILITY	Please name and describe the athlete's disability fully in order to help the coaches better assist the athlete:		
	If The Disability is Brain Injury Related, Please Complete The Information Below		
	Date of Injury	Age Injury Occurred	

EMERGENCY CONTACT	First Name	Last Name	
	Relationship		
	Primary Phone	Extension	
	Secondary Phone	Extension	
	Mobile Phone		
	Priority □ Primary □ Secondary □ Other		
ALTERNATIVE EMERGENCY CONTACT (OPTIONAL)	First Name	Last Name	
	Relationship		
	Primary Phone	Extension	
	Secondary Phone	Extension	
	Mobile Phone		
	Priority □ Primary □ Secondary □ Other		
ADDITIONAL INFORMATION	Reason Joined: □ Get Active □ Utilize Skills □ Friend/Family is an Athlete □ Make a Difference □ Social Interaction □ Program or School Requirement □ Learn New Skills □ Build Resume □ Friend/Family is a Volunteer		
	Living Situation □ Independent □ Parent □ Foster Parents/Caregiver/Guardian □ Group Home- Specify:_____ □ Institution □ Non-parental Family □ Supported Independent Living □ Prefer Not to Say		
	Intellectual Disability?	Speakers Bureau Member?	
	Speakers Bureau Trained?	ALP Speaker?	
MEMBER TRAINING	**Please List Any Training Courses You Have Taken That You Think Special Olympics Should Have on Record. Please Include the Training Course, Certificate #, Date Completed, and Renewal Date.**		

SHIRT SIZE	**Youth** □ XS □ S □ M □ L □ XL	**Mens** □ XS □ S □ M □ L □ XL □ XXL □ XXXL □ XXXXL	**Womens** □ XS □ S □ M □ L □ XL □ XXL □ XXXL □ XXXXL