ATHLETE REGISTRATION FORM (2024 / 2025)

Special Olympics British Columbia

SOBC Local: _____ ☐ Returning Athlete ☐ New Athlete

**Local is the community you wish to participate in

ATHLETE INFORMATION		
First Name:	**Last Name:**	
Date of Birth (mm/dd/yyyy):	**Gender:**	
Athlete Email for Portal Account:		
(Optional)Parent/Guardian/Caregiver Email:		
Street Address:	**City:**	
Postal Code:	**Cell Phone:**	**Home Phone:**
Athlete Living Situation: ☐ **Parent / Guardian** ☐ **Caregiver** ☐ **Group Home** ☐ **Independent**		

SPORTS PROGRAMS (indicate sports athlete would like to register for – sports offered will vary by Local)

☐ 5-Pin Bowling	☐ Figure Skating	☐ Snowshoeing
☐ 10-Pin Bowling	☐ Floor Hockey	☐ Speed Skating
☐ Alpine Skiing	☐ Golf	☐ Swimming
☐ Basketball	☐ Powerlifting	☐ Track & Field
☐ Bocce	☐ Rhythmic Gymnastics	☐ Active Start (ages 2-6)
☐ Cross Country Skiing	☐ Soccer	☐ FUNdamentals (ages 7-11)
☐ Curling	☐ Softball	☐ Club Fit (Fitness)
		☐ Athlete Leadership Program

PARENT / GUARDIAN / CAREGIVER INFORMATION (required if athlete is under 19 or otherwise has a legal guardian)		
Name:	**Relationship to Athlete:**	
☐ **Same Contact Info as Athlete (please list anything different below)**		
Street Address:	**City:**	
Postal Code:	**Home Phone:**	**Cell Phone:**
Email:		

EMERGENCY CONTACT INFORMATION	
Primary Contact Name:	
Relationship to Athlete: ☐ **Parent/Guardian** ☐ **Spouse** ☐ **Friend** ☐ **Relative**	
Home Phone:	**Cell Phone:**
Secondary Contact Name:	
Relationship to Athlete: ☐ **Parent/Guardian** ☐ **Spouse** ☐ **Friend** ☐ **Relative**	
Home Phone:	**Cell Phone:**

MEDICAL INFORMATION (if more space is needed, please attached a separate sheet)	
Health Card #:	
Physician Name:	**Physician Phone:**
Medications & Dosages (please list) **Self-Administered** ☐ **Yes** ☐ **No**	
Seizures: ☐ **Yes** ☐ **No** **If yes, please indicate seizure type, frequency, and treatment plan:**	
Allergies: ☐ **Yes** ☐ **No** **If yes, please provide Allergy Detail (including food, drugs, or other)**	
Allergy Treatment (ie. does the athlete carry an epi-pen, medication, etc.)	

Down Syndrome ☐ **Yes** ☐ **No**	**AAXray Date:**	**AAXRay Result:** ☐ **Positive** ☐ **Negative**

Medical Conditions:

☐ Arthritis ☐ Asthma ☐ Depression ☐ Epilepsy ☐ High Blood Pressure
☐ Diabetes (if yes please indicate treatment below in medical notes)
☐ Other (if yes please provide details below in medical notes)

Health Devices (please list if athlete has glasses, contacts, hearing aids, etc.):

Dietary Requirements (please indicate any specific dietary requirements i.e., gluten or lactose free):

Medical Notes (please include any additional information):

By filling in my name below I acknowledge that the information provided on this form is correct to the best of my knowledge and I will update this information should it change

ATHLETE SIGNATURE (if 19 years or over)	
Athlete Signature:	**Date:**
PARENT/GUARDIAN SIGNATURE (required for athlete under 19 or who requires legal guardian to sign legal documents)	
Parent/Guardian Signature:	**Date:**
Printed Name:	**Relationship to Athlete:**

****If filling in and submitting the form online, you may type your name in the signature line****

SPECIAL OLYMPICS SIGNATURE FORM

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/british-columbia/terms-and-conditions-participation

Athletes/volunteers 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 yourself or your child/ward.

Part 1: CRIMINAL RECORD

Has the person who is being registered or enrolled ever been charged with or convicted of any criminal offence?

Circle one response:

☐ **No** ☐ **Yes**

Part 2: MEDIA RELEASE OPT-IN/OPT-OUT

I allow Special Olympics to use my/their picture, words, or voice in promotional media.

Circle one response:

☐ **Yes** ☐ **No**

Part 3: SIGNATURE

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.

If you are signing for <u>yourself</u>, please complete this section:

_____	_____
First Name	**Last Name**
_____	_____
Signature	**Date**

<u>OR</u>

If you are signing <u>on behalf of your child or ward</u>, please complete this section:

_____	_____
Child/Ward First Name	**Child/Ward Last Name**
_____	_____
First Name	**Last Name**
_____	_____
Signature	**Date**