



(\* Indicates Mandatory Fields)

Special Olympics District/Community: \_\_\_\_\_ \*

## General Information – **Please Print Clearly**

Member Since: \_\_\_\_\_ Gender:  Male  Female \*  Honorary Life Member

Name: \_\_\_\_\_ \*

First

Last

Address: \_\_\_\_\_ \*

City/Town: \_\_\_\_\_ \* Province: \_\_\_\_\_ \* Postal Code: \_\_\_\_\_ \*

Home Phone: \_\_\_\_\_ \* Mobile Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Birth Date (MM/DD/YYYY): \_\_\_\_\_ \* Health Card Number: \_\_\_\_\_

Aboriginal Heritage: (Information used for Indigenous Games)  Yes  No

Place of Employment: \_\_\_\_\_

## Sport Program Information (Please note that **not all sports listed** are offered in every community program)

Please indicate (check box) the sport(s) the athlete will be participating in:

- |                                      |   |   |   |
|--------------------------------------|---|---|---|
| <input type="radio"/> 10-Pin Bowling | <input type="radio"/> Bocce Ball            | <input type="radio"/> Floor Hockey* Div:_____ | <input type="radio"/> Soccer* Div:_____   |
| <input type="radio"/> 5-Pin Bowling  | <input type="radio"/> Basketball* Div:_____ | <input type="radio"/> Golf                    | <input type="radio"/> Softball* Div:_____ |
| <input type="radio"/> Alpine Skiing  | <input type="radio"/> Curling               | <input type="radio"/> Power-lifting           | <input type="radio"/> Speed Skating       |
| <input type="radio"/> Aquatics       | <input type="radio"/> Equestrian            | <input type="radio"/> Rhythmic Gymnastics     | <input type="radio"/> Synchro-Swimming    |
| <input type="radio"/> Athletics      | <input type="radio"/> Figure Skating        | <input type="radio"/> Snowshoeing             | <input type="radio"/> Walking Program     |

## Athlete Medical Information

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Medical Insurance: \_\_\_\_\_ Insurance Number: \_\_\_\_\_

**Primary Contact:** \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

**Relationship:** \_\_\_\_\_

Relationship: \_\_\_\_\_

**Day Phone:** \_\_\_\_\_

Day Phone: \_\_\_\_\_

**Evening/Cell Phone:** \_\_\_\_\_

Evening/Cell Phone: \_\_\_\_\_

Special Dietary Concerns: Yes  No

Please Explain:

## Atlantoaxial Instability Profile

Does this athlete have Down Syndrome? Yes  No

If the athlete has Down Syndrome, he/she must be tested for Atlantoaxial Instability at initial registration. The results, along with the physician's signature, must be included with the original registration form before the athlete may be permitted to participate in training.

Date of X-Ray Testing for Atlantoaxial Instability: (MM/DD/YYYY): \_\_\_\_\_

Results of X-Ray: Positive  Negative

Physician Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

*If the athlete has Down Syndrome and has tested positive for Atlantoaxial Instability, the athlete cannot participate in Soccer, High-Jump, Pentathlon, Swimming (NOTE: only the butterfly stroke and/or diving starts are prohibited.), Gymnastics, Alpine Skiing, Floor Hockey, or Equestrian without a copy of the X-ray results accompanied by a letter from a licensed medical professional stating that the associated risks have been explained to the athlete and parent/guardian/caregiver, as well as, a letter from the athlete's parents or caregivers that acknowledge and accept the associated risks (Special Olympics Saskatchewan Policy Manual).*

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**Medical History** Please indicate (check box) if the athlete has any of the following conditions:

- |  |  |  |   |
|--|--|--|---|
| <input type="radio"/> Back/Neck Disorder     | <input type="radio"/> Fainting                   | <input type="radio"/> Infectious Disease   | <input type="radio"/> Surgery           |
| <input type="radio"/> Blood Transfusions     | <input type="radio"/> Gastro-Intestinal Disorder | <input type="radio"/> Kidney Disorder      | <input type="radio"/> Thyroid Disorder  |
| <input type="radio"/> Bowel/Urinary Disorder | <input type="radio"/> Head Injury                | <input type="radio"/> Nose Bleeds          | <input type="radio"/> Uses Mobility Aid |
| <input type="radio"/> Contacts/Glasses       | <input type="radio"/> Hearing Aid(s)             | <input type="radio"/> Psychiatric Problems | <input type="radio"/> Other: _____      |
| <input type="radio"/> Dental Appliances      | <input type="radio"/> Hearing Disorder           | <input type="radio"/> Respiratory Problems |   |
| <input type="radio"/> Diabetes               | <input type="radio"/> Heart Condition            | <input type="radio"/> Seizures             |   |

If the athlete has seizures, are they controlled? Yes  No

Any other conditions or information that you feel a coach or ambulance attendant needs to know. Please ensure the coach is aware of any medications that the athlete is on and what medical condition it is treating.

**Other:** Allergies/Medications/Behavioral Concerns –

## Athlete Waivers

Please refer to the following attached waivers:

1. Participant Waiver
2. Consent to use Personal Information and Privacy Policy Confirmation
3. Code of Conduct and Ethics
4. Media Release Form

### Please Note:

If using a paper/printed form to register for Special Olympics programming, all of the above waivers are required to be signed and submitted to your Community Executive Committee.

**Waivers 1, 2, and 3** (Participant Waiver, Consent to Use Personal Information and Privacy Policy Confirmation, Code of Conduct and Ethics) are **MANDATORY** in order to be able to participate in Special Olympics programming.

The *Media Release Form* is optional for athletes and volunteers to agree to.