

ATHLETE REGISTRATION FORM

2019

Social Worker:		Contact Info:	
Athlete's Full Legal Name:		Preferred Name:	
Address: Street:	City:	Postal Code:	
Phone Number(s): Cell:	Daytime:	Evening:	
E-mail address(es):			
PARENTS/LEGAL GUARDIANS			
Name:		Name:	
Cell Phone:		Cell Phone:	
Daytime #:	Evening #:	Daytime #:	Evening #:
Address:		Address:	
ATHLETE INFORMATION			
Gender:	Age:	DOB:	Preferred method of contact: phone or email
MCP:		Expiry Date:	
Living Situation:	<input type="checkbox"/> Foster Parent/ Caregiver/Guardian	<input type="checkbox"/> Group Home	With Family – NOT PARENTS <input type="checkbox"/> With Parents
PROGRAM(S):	FUNDamentals	Soccer	Both
Does this athlete have a one-on-one person that will be accompanying them to Special Olympics Programs?			

Athlete, Parent, or Guardian Release

(Must be signed by a parent or guardian for athletes under the age of 18 years)

I, the undersigned athlete, parent and/or legal guardian of the above named athlete, hereby request permission for the Athlete to participate in the Newfoundland and Labrador /Canadian Special Olympics Program. I represent and warrant you that the athlete is physically and mentally able to participate in Newfoundland & Labrador/Canadian Special Olympics.

On behalf of the athlete and myself, I acknowledge that the athlete will be using facilities at his/her own risk and I, on my own behalf, hereby release, discharge and indemnify Newfoundland & Labrador /Canadian Special Olympics Inc. from all liability for injury to person or damage to property of myself and entrant. In permitting the Athlete to participate I am specifically granting permission to you to use the likeness, voice and words from the athlete in television, radio, films, newspaper, magazine, and other, media, and in any form not heretofore described for the purpose of advertising or communicating the purposes and activities of Newfoundland and Labrador/Canadian Special Olympics and in appealing for funds to support such activities. If I am not personally present at Newfoundland & Labrador/Canadian Special Olympics activities in which the athlete is to compete or train, so as to be consulted in the case of necessity, you are authorized on my behalf and at my account to take such measures and arrange for such medical and hospital treatment as you may deem advisable for the health and well-being of the athlete,

Any and all references to Newfoundland & Labrador/Canadian Special Olympics Inc. include and apply equally to the Provincial and Territorial Chapters of Newfoundland & Labrador /Canadian Special Olympics Inc.

Athlete or Guardian: _____ If Guardian, what is relationship: _____

Signature: _____ Date: _____

Young Athletes

Medical Emergency Information

Athlete's Full Name

Gender: M F
(Circle)

Date of Birth: ___/___/___
Day Month Year

MCP Number: _____

Expiry Date: _____

Doctor's Name: _____

Phone Number: _____

Emergency Contact #1: _____

Phone Number: (H) _____

Relation to Athlete: _____

(Cell) _____

Emergency Contact #2: _____

Phone Number: (H) _____

Relation to Athlete: _____

(Cell) _____

Medical History: (Circle: Yes or No)

Asthma	Y	N	If Yes, use of inhaler	Y	N
Down Syndrome	Y	N	If Yes, Atlanto-Axial x-ray:	Y	N
Cerebral palsy	Y	N	Date: _____	Pos.	Neg.
Diabetic:	Y	N	If yes, treatment: Diet	Pills	Injection
Heart disease	Y	N	If yes, specify: _____		
Major surgery	Y	N	If yes, specify: _____		
Seizures	Y	N	If yes, Type _____	How are they Controlled? _____	
Tetanus shot	Y	N	Within: (✓) 5 Years _____	10 years _____	

Any Reactions and/or Special Care:

Use of the following: (✓)

Glasses _____ Dentures _____ Hearing Aid _____ Contact Lenses _____
Other(s): _____

Medications (if more space is required, please attach an additional sheet):

Medication and Dosage: _____ Times: _____ Self Administered: Y N
Medication and Dosage: _____ Times: _____ self Administered: Y N

Allergies (Medication, Food, Stings/Bites, etc.):

Other(s): _____
Symptoms, treatment: _____
Special diet requirements: _____

Please indicate any behavioral problems this athlete might exhibit as well as describe effective strategies to deal with the behavior. Please elaborate on a separate sheet where needed.

Does the Athlete require the assistance of a respite worker? Yes _____ No _____

One copy of this form should be kept on file with the Regional Coordinator, and another with the head coach of any program in which the athlete is participating. Please inform the coaches and Regional Coordinator of all changes in the athlete's medical condition or treatment as they occur. Please ensure an updated medical form accompanies the athlete each time they travel to a competition, and that coaches are made aware of all pertinent medical facts both current and past.

Consent for medical treatment: Yes _____ No _____
Name of Person completing this form: _____ Signature: _____ Date: _____

SPECIAL OLYMPICS CODE OF CONDUCT

Athletes and volunteers of Special Olympics Newfoundland & Labrador shall conduct themselves in a manner which fosters a positive, enjoyable and cooperative environment for him/herself, teammates, coaches, officials and all other participants in Special Olympics activities. All registered participants must satisfy the following conditions:

Sportsmanship

- I will practice good sportsmanship
- I will act in ways that bring respect to me, my coaches, my team and Special Olympics
- I will not use bad language
- I will not swear or insult other persons
- I will not fight with other athletes, coaches, volunteers or staff

Training and Competition

- I will train regularly
- I will learn and follow the rules of my sport
- I will listen to my coaches and the officials and ask questions when I do not understand
- I will always try my best during training, divisioning and competitions
- I will not "hold back" in preliminary competition just to get into an easier finals competition division

Responsibility for My Actions

- I will not make inappropriate or unwanted physical, verbal or sexual advances on others
- I will not smoke in non-smoking areas
- I will not drink alcohol or use illegal drugs at Special Olympics events
- I will not take drugs for the purpose of improving my performance
- I will obey all laws and Special Olympics rules, as well as the International Federation and National Federation Governing Body rules for my sport(s)

I understand that if I do not obey this Code of Conduct, I will be subject to range of consequences by my Program or a Games Organizing Committee for a Provincial Game, up to and including not being allowed to participate.



CODE OF CONDUCT

Please sign and return the bottom portion of this page. Keep the top portion for your records and information. I understand that this code of conduct is a general guide for my conduct and does not describe all types of good and poor behavior. I also understand that if I do not comply with this Code of Conduct it may result in my suspension or removal from the program.

Print Name

Signature

Date

Name and Signature of Guardian/Caregiver (if appropriate)