



Profile Information

Name: _____ *

First

Last

*Program Enrollment 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 for the current program year:

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

For Returning Athletes only: (All new athletes **MUST** fill out the registration form in its entirety)

Check this box if **none** of your profile information has changed since the last time you registered with Special Olympics.

Check this box if **at least one** of the fields of your profile information has changed since the last time you registered with Special Olympics.

Community: _____ Sex: Male Female X Gender Identity: _____

Birth Date (MM/DD/YYYY): _____ Portal E-Mail: _____

Honorary Life Member

Self-Declaration: Do you identify as Indigenous? Do you identify as an Indigenous person that is First Nations (North American Indian), Metis, or Inuk (Inuit) *Includes Status and Non-Status Individuals*

First Nations (North American Indian) Metis Inuk (Inuit) Prefer not to say No

Contact Information

Email: _____ Home Phone: _____

Mobile Phone: _____ Business Phone: _____ Primary: Home Mobile Business

Communication & Preferences

Primary Language Preference: English French Contact Preference: Allowed Not Allowed

Preferred Method of Contact: Any Email Phone Mail

Primary Address

Address: _____
Province: _____

City/Town: _____
Postal Code: _____

Secondary Address

Address: _____
Province: _____

City/Town: _____
Postal Code: _____

Medical Information

Health Card Number: _____ Card Expires On (MM/DD/YYYY): _____

Province Issued By: _____ Doctor's Name: _____ Doctor's Phone: _____

Medications & Dosages: Please write 'None' or 'N/A' if you do not take any medications

Medical Conditions

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Serious Illness | <input type="checkbox"/> Depression | <input type="checkbox"/> Fetal Alcohol Syndrome |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> COPD | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Disease | |

Other Condition(s): _____

Do you (this athlete) have Down Syndrome? Yes No

If the athlete has Down Syndrome, they need to 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: Negative Positive

Physician Name: _____ Signature: _____

Date:

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).

