## ATHLETE REGISTRATION



## **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:					
<ul> <li>10-Pin Bowling</li> <li>5-Pin Bowling</li> <li>Alpine Skiing</li> <li>Aquatics</li> <li>Athletics</li> </ul>	Bocce Ball Basketball* Team: Curling Equestrian Figure Skating	☐ Floor Hockey* Team: ☐ Golf ☐ Power-lifting ☐ Rhythmic Gymnastics ☐ Snowshoeing	Soccer* Team: Softball* Team: Speed Skating Synchro-Swimming Walking Program		
For Returning Athletes only: (All new athletes MUST fill out the registration form in its entirety)					
Check this box if <b>none</b> of Olympics.	your profile information ha	s changed since the last time y	ou registered with Special		
☐ Check this box if <b>at least one</b> of the fields of your profile information has changed since the last time you registered with Special Olympics.					
Community:	_ Sex: ☐ Male ☐ Fe	male 🗖 X Gender Identi	ity:		
Birth Date (MM/DD/YYYY): Portal E-Mail:					
☐ Honorary Life Member					
<b>Self-Declaration: Do you identify as Indigenous?</b> Do you identify as an Indigenous person that is First Nations (North American Indian), Metis, or Inuk (Inuit) <i>Includes Status and Non-Status Individuals</i>					
☐ First Nations (North Amer	ican Indian) 🗖 Metis 🖺	Inuk (Inuit) 🗖 Prefer not to	o say 🗖 No		
Contact Information					
Email:		Home Phon	ne:		
Mobile Phone:	Business Phone:	Primary: 🗖 Hom	ne 🗖 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: City/Town: \_\_\_\_\_ Province: \_\_\_ Postal Code: Secondary Address Address: \_\_\_\_\_ City/Town: Province: \_ 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: ☐ Serious Illness ☐ Depression Fetal Alcohol Syndrome ☐ Fibromyalgia ☐ Arthritis ☐ High Blood Pressure □ COPD ☐ Diabetes ☐ Epilepsy ☐ Asthma ☐ 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/quardian/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).

<b>Do you have seizures?</b> ☐ Yes ☐ No Seizures? ☐ Yes ☐ No He Do you have allergies? ☐ Yes ☐ No He			
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<b>Dietary Restrictions:</b> Please write ' <i>None</i> '	or ' <i>N/A</i> ' if you do have any	dietary restrictio	ons
Medical Notes: Any other conditions or in			
ensure the coach is aware of any medicati	ons that the athlete is on a	nd what medical	condition it is treating.
Emergency Contact			
*Minimum of at least (1) contact must b	e provided		
Name (1):	*	Relationship:	
First	Last		
Primary Phone:	Secondary Phone:		
Name (2):		Relationship: _	
Primary Phone:	Secondary Phone:		
Living Situation:  Independent	☐ Group Home		With Family – Not Parents
☐ With Parent(s)	☐ Supported Independe	ent 🗖	Institution
☐ Foster Parents/Caregiver/Guardian	Living		Prefer not to say
Group Home Affiliate:			
<b>Important Information</b> : Please be aware further details on what is needed to comp	_	rees may apply.	Contact your community for
Waiver			
To complete the process of registration o	n a paper form, please com	plete and submit	t the following form:
☐ Attached Participation Waiver and	l Promotional Media Opt	t in or Opt out f	orm
The Participant Waiver, which includes the	e Consent to use Personal I	nformation and F	Privacy Policy Confirmation
and Code of Conduct and Ethics compone programming. For the Promotional Media	ents is MANDATORY in orde	r to participate in	n Special Olympics

promotional media relating to Special Olympics.