

# Special Olympics Alberta Athlete Registration Guide

August 21, 2020







#### Contents

Athlete Enrollment	3
Legal Waivers	4
Waivers Page	5
Program Search	6
Program Search Continuation	7
Member Main Profile Tab	8
Communication Preferences	8
Addresses	9
Criminal Record Checks	10
Add a Criminal Record Check document (If applicable)	11
Medical Information	12
Emergency Contacts	13
Adding Emergency Contact	13
Member Training (optional)	14
Adding Training	14
Athlete Profile	15
Enrollment Details	16
Payment Information	17
My Enrollments	18



# Athlete Enrollment

Please follow the Portal Registration Guide if you do not already have a Portal account. If you already have a Portal account, upon logging in you will be presented the following:

**Step 1** → Current Enrollments will be Viewed under Volunteer roles

**Step 2**  $\rightarrow$  To Enroll in a program, select Add Me As Athlete from the menu on the right side of the page.

Important Information	MY PROFILE
This is a multi-step process, please click "Next Step - Waivers" to accept or renew the Waivers and continue with the	MY ENROLLMENTS
enrollment.	MY CLUBS AND SCHEDULE
	MY COMMITTEES
Participant	MY ROLES
JustinTest Hebert 🔹	MY PAYMENT INFO
Do you have Guardianship over yourself? (Are you able to sign for yourself when renting an apartment or opening a bank account?) •	MY BALANCE
Yes 🔹	ADD ME AS ATHLETE
	ADD ME AS VOLUNTEER
Next Step - Waivers	CHANGE PASSWORD
	LOGOUT



#### **Legal Waivers**

If you answered "**No**" to the legal guardianship question, you will not see the fields to agree to the waivers. **You must print the waivers, have the parent/legal guardian sign them**, and forward them to the Chapter.

If you answered **"Yes**" to the legal guardianship question, you will not see the fields to agree to the waivers. All fields must be filled in to proceed.

Step  $1 \rightarrow$  At the top, is the Athlete's name the waivers are for which is your name in this case. Under each waiver is your name as the person signing the waivers, and the current date.

**Steps 2-5**  $\rightarrow$  For each Waiver you can read the full version by clicking on the "Read Full Waiver" link. The waivers can be printed using the Printable Version link. You must have a printer set up for your computer to print them.

**Steps 6 – 7**  $\rightarrow$  For "Include on our Mailing list" and "Allow to Contact Regarding Membership Activities, when your mouse is over the box, more information is displayed about these questions.

These waivers and confirmations <u>must be accepted</u> (answer Yes) before you can continue with the application:

- Participation Waiver
- Privacy Policy Confirmation
- Code of Conduct Confirmation

The questions below can be answered "<u>No</u>" and you can continue with the application:

- Media Release
- Include on our Mailing List
- Allow to Contact Regarding Membership Activities

#### You must also disclose if you have a criminal record or not to be able to proceed

**Step 8** → Click on the "**Previous Step – Member ID**" button to go back and makes changes if required.

**Step 9** → Click on the "**Next Step – Program Search**" to continue with the process.

Waivers Screen shown on next page



# Waivers Page

# Legal Waivers

Participation Waiver			Privacy Policy Confirm	nation	
Please click on the link be waiver.	low to open and read the ful	u 🛛	Please click on the link belo waiver.	ow to open and read the f	iull
	ew Printable Version			v Printable Version	
Agree *			I Agree *		
		•			•
iability Accepted By	Liability Accepted On		Privacy Policy Accepted By	Privacy Policy Accept	ed On
Soa-Test Test	09/10/2020		Soa-Test Test	09/10/2020	ť.
voice in promotional med	npics to use my/their picture				
Communications			Code of Conduct Conf	irmation	
Please answer the questic Communications.	ons below related to		Please click on the link belo waiver.	ow to open and read the f	ull
More Info here		J		v Printable Version	
nclude on Mailing List? *			I Agree *		
		•			
llow to Contact Regarding M	1embership Activities? *		Code of Conduct Accepted By	Code of Conduct Acc On	epted
		•	Soarrest rest	09/10/2020	6
Previous Step - Member ID	1			Next Step - Program	Searcl



#### **Program Search**

This Program Search allows you select specific programs and use them for the application process.

**Step 1 →** The "Search Guide" tells you how to search

**Step 2** → Use the filters in the Program Search Criteria filter section to look for our programs. Please enter Chapter (SO Alberta), Region your community belongs to, Community, and then hit search. If looking for a specific sport, you can also choose the sport.

**Step 3**  $\rightarrow$  The "Search Results" grid will display the matching clubs based on your search criteria. Be sure to use the scroll bar to see more information about the program

AUME	SELF	PROGRAM PROXIMITY SEARCH	(				
lember							
Quilter	Journ	ney					
rogr	am	Search Criteria	2				
hapter /	Provi	nce / Territory	Region		Earth	Juide 1	
SO On	tario	•	Greater Toronto	Area 🔹	50 252	for a sport/program	
ommuni	ity		Club		CLOS2341C13444	port if you know wha	
		•		٠	-	dicate the Chapter	
port					First and I	then the Region and	
Proc.			Day of the Week		110 2016	ty where you live.	
Search	ļ	·	Day of the Week	¥	110 2016		_
Search		• esults	Day of the Week 3 Program	• Start Date	110 2016		_
Search		Organization Name	3	Start Date     2019-05-16	Communi	ty where you live.	
Search	h Re	Organization Name	3 Program		End Date	ty where you live.	
Search Searc	h Re	Organization Name Ajax Skating Club Durham (Ajax) Heat C	3 Program Swimming	2019-05-16	End Date	Enrollment Fee \$127.50	
Search Searcl	h Re	Organization Name Ajax Skating Club Durham (Ajax) Heat C Basketball Grandravine Raptors	3 Program Swimming Basketball	2019-05-16	End Date 2020-08-23 2020-08-31	Enrollment Fee \$127.50 \$0.00	
Search Searcl	h Re	Organization Name Ajax Skating Club Durham (Ajax) Heat C Basketball Grandravine Raptors Basketball Club	3 Program Swimming Basketball Basketball	2019-05-16 2019-09-01 1979-01-01	End Date 2020-08-23 2020-08-31 2020-03-31	Enrollment Fee 5127.50 50.00 50.00	



#### **Program Search Continuation**

Step  $1 \rightarrow$  If you have found the program you want, select it from the list using the check box on the "Select" column. Be aware that you can only select **one program at the time**.

Step 2  $\rightarrow$  You can click on the detail icon to view details of the club and program offered.

Step 3  $\rightarrow$  Click on "Previous Step – Waivers" to go back and makes changes if required.

**Step 4**  $\rightarrow$  Click on the "Next Step – Member Profile" to continue with the process.

Note: You must select a program in order to continue to the next step.

H .	•	А. н. н.				1 - 4 of 4 item	15
						>	
0	Ø	Toronto Cricket Club	Cricket	2018-09-20	2019-12-31	\$55.00	
0	Ø	Grandravine Raptors Basketball Club	Basketball	1979-01-01	2020-03-31	\$0.00	
2	Ø	Durham (Ajax) Heat C Basketball	Basketball	2019-09-01	2020-08-31	\$0.00	
1	Ø	Ajax Skating Club	Swimming	2019-05-16	2020-08- <mark>2</mark> 3	\$127.50	
		Organization Name	Program	Start Date	End Date	Enrollment Fee	

#### Search Results



# Member Main Profile Tab

Fill out the Main Information section. Make sure you provide information for the mandatory fields marked with (\*). Some information we be populated from the participants account, ensure all information is correct.

#### Communication Preferences

Fill in your Communication Preferences:

When you are finished with the page:

 $1 \rightarrow$  Click Next Step - Addresses

Member Unique ID			Birthday	
000372750			01/01/1990	
Salutation			Portal Email Address	
			▼ jdhebert@ualberta.ca	
First Name			Sex*	
JustinTest			Male	•
Middle Name			Gender Identity	
Last Name			Cultural Background	
Hebert				•
			Do you identify as Aboriginal?	
	ATION		Email Address 3	·
Email Address 2	IATION			
Email Address 2			Email Address 3 Mobile Phone	
Email Address 2 Home Phone		s Phone Ext		
Email Address 2 Home Phone Business Phone		s Phone Ext	Mobile Phone	
Email Address 2 Home Phone Business Phone	Busines	s Phone Ext	Mobile Phone	
Email Address 2	Busines:		Mobile Phone	
Email Address 2 Home Phone Business Phone Fax COMMUNICATION	Business Fax Ext		Mobile Phone	
Email Address 2 Home Phone Business Phone Fax COMMUNICATION	Business Fax Ext	25	Mobile Phone Nickname	
Email Address 2 Home Phone Business Phone Fax COMMUNICATION Primary Language Prefe	Business Fax Ext Pax Ext PREFERENCE erence =	25	Mobile Phone Nickname Twitter	
CONTACT INFORM Email Address 2 Home Phone Business Phone Fax COMMUNICATION Primary Language Prefe English Communication Prefere	Business Fax Ext Business Fax Ext Fax Fax Ext Fax Fax Ext Fax Fax Fax Fax Fax Fax Fax Fax Fax Fax	:5	Mobile Phone Nickname Twitter	



#### Addresses

Step 1  $\rightarrow$  Primary Address is required, make sure to fill in fields marked with (\*).

#### **Step 2** → One complete click on Next Step – Criminal Record Check

#### 

Street 1	City
Street 2	Province / State
	•
Street 3	Country
	Postal Code

Next Step - Criminal Record

Previous Step - Main Information



#### **Criminal Record Checks**

Step 1  $\rightarrow$  If you have been charged with any Criminal Offenses, please select "Yes".

Step 2  $\rightarrow$  If you have an electronic file with the criminal check, please click on "Add" button to create a record and provide the details. You will be able to attach the document. If you do not have a criminal record check proceed to the next page by clicking Next Step – Medical Information

Member Unique ID	Full Name
000372750	JustinTest Hebert
Have you been charged with any criminal offences?	Important Information
	If you have a Criminal Record Check, please add a record below, otherwise, move to the next step.

O Add						
	CRC Completed	÷	CRC Requested	:	CRCRenewal	:
						•
4	0					¢
Previous Step -	Address				Next Step - Medical Informa	tion

#### CRIMINAL RECORD CHECK (CRC) INFORMATION

**Continued below** 

**Criminal Record Check Information** 



# Add a Criminal Record Check document (If applicable)

Before adding this record, please scan your Criminal Record check paper, and save it on your computer.

**Step 1**  $\rightarrow$  Please Save the record. There is nothing to key on this page, but the record MUST be saved so that the CRC can be attached.

**Step 2**  $\rightarrow$  Click on the "Add new document" button to attach a document.

**Step 3**  $\rightarrow$  Click on the "**Submit**" button to save the CRC record. Note that you will not see the CRC document until you submit the page. As well, when you return to the Profile page, you may need to refresh the page to see the CRC in the list of documents.

CRC Completed				Attachment Guid		ed the constrain the decision	
CRC Requested						lease save the record first using the "Sa use the "Submit" button to save and clo	
CRC Renewal				Save	<b>1</b>		-
Documents	1.						
O Add new document	2						
• Add new document Document Name	2 1	Document Size	i	Created On	1	Modified On	:
Document Name			÷	Created On	i	Modified On	I
			i	Created On	I	Modified On	:

When the document is uploaded, it will appear in the list in your Profile:

CRIMINAL RECORD CHECK INFORMATION

0	Add						
	CRC Completed	;	CRC Requested	:	CRCRenewal	:	
2	2020-01-21				2023-01-21		~



### **Medical Information**

**Step 1**  $\rightarrow$  Complete the medical fields that apply to you. Medications & Dietary Restrictions fields are required.

**Step 2**  $\rightarrow$  If you have Medical Conditions, need to upload a Medical Form, or have Disabilities please click on the "Add" button in the grid to add this information.

Note: if your Medical Condition or Disability is not listed, select "Other", to type in the information

**Step 3**  $\rightarrow$  When you are finished, click on Submit to save the information.

**Step 4** → When all required information is filled out, please click Next Step - Emergency Contacts

Health Card #	Doctor's Name	
Card Issued By	Doctor's Phone	
and issued by	Doctor's Prione	
Card Expires On	Doctor's Phone Ext	
Lard Expires On	Doctor's Phone Exc	
Other Medical Notes	What Medications do you take and Dosages	
Joher Medical Notes	what Medications of you take and Dosages	
.i.		
O Add		
Condition	Other Condition	;
H 4 0 P H		c
MEDICAL FORMS		
O Add		
Name	Date Completed	i
наоки		c
		C
DISABILITIES		C
		C
DISABILITIES	i Other Disability	c
OISABILITIES O Add	: Other Disability	
OISABILITIES O Add	: Other Disability	
OISABILITIES O Add	: Other Disability	I
Add Member Disability	Other Disability     Do you have Selcures?	I
Add Member Disability		:
Image: State	Do you have Seizures?	:
Add Member Disability		:
DISABILITIES  Add  Member Disability  H 4 0 + H  So you have Down Syndrome?  Utlanto Axial Xray Date	Do you have Seizures?	:
Image: Add       Member Disability       Member Disability       Image: Add	Do you have Seizures?	:
	Do you have Seizures?	:
Image: Add member Disability         Image: Add member Disability <td< td=""><td>Do you have Seizures? Seizures Controlled By Do you have Allergies?</td><td>:</td></td<>	Do you have Seizures? Seizures Controlled By Do you have Allergies?	:
	Do you have Seizures?	:
	Do you have Seizures? Seizures Controlled By Do you have Allergies?	:
CIACIDA Axial Xray Result	Do you have Seizures? Seizures Controlled By Do you have Allergies?	
DISABILITIES  Add  Member Disability  Kanto Axial Xray Date  Klanto Axial Xray Result  klanto Axial Xray Result	Do you have Seizures? Seizures Controlled By Do you have Allergies?	
DISABILITIES  Add  Member Disability  Kanto Axial Xray Date  Klanto Axial Xray Result  klanto Axial Xray Result  ietary Restrictions *	Do you have Seizures? Seizures Controlled By Do you have Allergies? Allergy Detail	



#### **Emergency Contacts**

You must submit at least one emergency contact in order to participate in Special Olympics activities.

Step 1  $\rightarrow$  Please click on the "Add" button to provide the details below

Step 2 → When you have your emergency contacts, click on Submit to complete the process.

DME M	RY PROF	LE							
ofile	Ada	tresses Medical Infi	o Emergency Co	ntacts Training		articipant Pri	ofile	Volunceer P	rofile
mer		y Contacts							
	geno	y concaces							
	Add	1							
	-	1 First Name 1	Last Name [	Relationship	I Pri	mary Pho	1	Mobile Phone	1
1	-	1	Last Name [ Doe	Relationship Child	I Pri	mary Pho	1	Mobile Phone	I

#### ADDING EMERGENCY CONTACT

**Step 1**  $\rightarrow$  Enter the emergency contact details. Make sure you fill in the mandatory fields marked with (\*), including at least the Primary Phone. There must only be one Priority "Primary" Emergency contact.

Step 2 → Click on "Submit"	Special Olympics Olympiques spéciaux Canada	
button to save the	Emergency Contact 1	
emergency contact.	First Name •	Relationship *
	Last Name +	Mobile Phone
To add another Emergency	Primary Phone	Secondary Phone
Contact, click add again.	Primary Phone Ext	Secondary Phone Ext
	Primary Email	
	Priority *	
	Submit 2	



### Member Training (optional)

**Step 1** → To add information about training the participant have taken, please click on the "Add" button. This is where you would provide information regarding First-aid or NCCP training.

**Step 2**  $\rightarrow$  Click on Submit when all Training Courses have been added.

aris di l'a	OFILE					
ofile A	ddresses Medical InF	o Emergency Cor	ntacts Training	Participant Profile	Volunteer Prof	ile
O Add	1	Lawrences we		1106003555 TI VI	Lavo Theward D	
O Add	Training Co	Other Course 🚦	Certificate #	Date Compl	Renewal Date	:
O Add	Training Co ‡	Other Course 🚦	Certificate #	Date Compl	Renewal Date	
O Add	Training Co 1	Other Course 🚦	Certificate #	Date Compl 1	Renewal Date	:

#### **ADDING TRAINING**

**Step 1**  $\rightarrow$  Select the course from the list, and fill in the rest of the fields as applicable to that course. If you course is not listed, and you feel it is relevant, select "Other Course" from the list. The "Other Course" field will open so you can type in the name of the course.

**Step 2**  $\rightarrow$  Click on Submit.

Special Olympics Olympiques spéciaux 1	
Training Course *	Other Course
Is Certified	Date Completed
· · · · · · · · · · · · · · · · · · ·	
Certificate #	Renewal Date
Submit 2	



#### Athlete Profile

This applies if you are registering yourself as an Athlete or a Unified Partner.

**Step 1**  $\rightarrow$  Provide additional details about your profile.

**Step 2**  $\rightarrow$  Click on "Previous Step – Member Training" to go back and makes changes if required.

Step 3  $\rightarrow$  Click on the "Next Step – Enrollment Details" to continue with the process

HOME > NEW PROGRAM PARTICIPANT PROFILE		
Participant Additional Infor	mation	
Profile Name	Reason Joined	
James Smith	Make a difference	•
Shirt Size	Living Situation	
Men's M	▼	•
Additional Notes	Group Home	
		•
	Intellectual Disability?	
	Yes	
	Speakers Bureau Member?	
	Yes	
	Speakers Bureau Trained?	
	Yes	
	ALP Speaker?	
	No	•



# **Enrollment Details**

**Step 1**  $\rightarrow$  On this tab please ensure all information is accurate and it is the correct program Information.

Enrollment Details			MY PROFILE
Important Information			MY ENROLLMENTS
		to the next step. If you need to make any changes, use the	MY CLUBS AND SCHEDUL
"Previous Step" button to won't be able to go back.	go back to the program search.	Once you move to the next step "Payment Information" you	MY COMMITTEES
			MY ROLES
			MY PAYMENT INFO
Member			MY BALANCE
Justimeschebert			ADD ME AS ATHLETE
Participant		Club / School Program	ADD ME AS VOLUNTEER
JustinTest Hebert		Edmonton Athletics	CHANGE PASSWORD
Enrollment Status			LOGOUT
In Progress			
Program Session			
Edmonton Athletics - Athletic	cs - 9/1/2019		
ENROLLMENT FEES			
Enrollment Fee	Processing Fee	Total Enrollment	
85.00	0.00	85.00	
Important Information Be aware that additional O Previous Step - Program Sea	Community fees may apply. Pleas	se contact your community for further details. Next Step - Payment Information	

Step 2 → Click Next Step - Payment Information



#### **Payment Information**

This page provides a final overview of your registration. If all the information is correct, click Submit Enrollment. Once submitted you have the option to add a New Enrollment and start the process again, or view My Enrollments to see the programs you are already registered in. Once submitted your community will contact you about your registration and payment options.

If fee shows \$0.00 please contact your local Special Olympics council or coaches as we are not doing fees online this year.

Enrollment Details					MY PROFILE
Important Information	1				MY ENROLLMENTS
If you only see the option	"Process Payment", you must pay	for the enrollment now	. Please click on this option to enter		MY CLUBS AND SCHEDUL
-			you enrollment will be submitted.		MY COMMITTEES
If you see the option "Sub it has been approved.	mit Enrollment", you can select th	is option to submit you	r enrollment and pay for it later once		MY ROLES
				)	MY PAYMENT INFO
Member					MY BALANCE
JustinTest Hebert					ADD ME AS ATHLETE
					ADD ME AS VOLUNTEER
Chapter SO Alberta		Club / School Program			CHANGE PASSWORD
SO Alberta		Edmonton Achiectes	•		LOGOUT
Enrollment Status					200001
In Progress					
Program Session					
Edmonton Athletics - Athletic	cs - 9/1/2019				
Start Date		End Date			
09/01/2019		08/31/2020			
ENROLLMENT FEES					
Enrollment Fee	Processing Fee		Total Enrollment		
85.00	0.00		85.00		
	Submit Enrollment				



### **My Enrollments**

By clicking on the My Enrollment tab on the menu on the right side of the webpage, you can see what programs you are actively enrolled in, and which are submitted and still awaiting processing.

Full Nar	Full Name					Membership Status						MY PROFILE			
Justin	Test Hebert			Active							MY ENROLLMENTS				
My E	nrollments													MY CLUBS AND SCHEDULE	
														MY COMMITTEES	
	Start Date	•	End Date		Role :		Status			Community	:			MY ROLES	
1	2019-09-01		2020-08-31		Data Administrator		Submitted		Edmonton Athletics	Edmonton		*		MY PAYMENT INFO	
æ	2020-05-08		2100-01-01		Family Admin		Active							MY BALANCE	
														ADD ME AS ATHLETE	
														ADD ME AS VOLUNTEER	
														CHANGE PASSWORD	
														LOGOUT	
												-			
м	< <u>1</u>	Þ	H 100	•	items per page	e				1 - 2 of 2 items	C	•			