

Special Olympics
Prince Edward Island



**Athlete Registration Form
2019-2020**

Does the applicant have an Intellectual Disability		YES <input type="checkbox"/>		NO <input type="checkbox"/>		
Athlete Title	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/>		Email Address			
First Name	Middle Name/Initial		Last Name			
Phone No.	Home	Cell	Primary Language		English <input type="checkbox"/> French <input type="checkbox"/>	
Home Address	Street Name and No.		Apt. No. or R.R. No.			
	City		Province	Postal Code		
Medical Information	Health Card No.		Issuing Prov.		Expiry Date (MM/YY)	
	Does the athlete have Down Syndrome?		Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes please complete line below)			
	Date of Last Atlanto-Axial Dislocation X-Ray (MM/YY)		Results		Positive <input type="checkbox"/> Negative <input type="checkbox"/>	
	Dietary Restrictions (Please List)					
	Does the athlete have seizures? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, please indicate how these are controlled.			
	Does the athlete have allergies? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, please list.			
	Doctors' Name		Doctors' Phone Number			
	Does the athlete have any medical diagnosis that program leaders or the office should be aware of: _____ _____					
	Medication Please attach a separate sheet of current medications. Include medication name (s), dosage, time (s) administered and whether or not they are self-administered. *Note: please notify the office of any changes in medications.					
	Emergency Contact	Name		Relationship		
Home Phone No.		Work Phone No.				
Cell Phone No.		Email Address				
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>		Date of Birth		Month Day Year	
Living Situation	<input type="checkbox"/> With Parents	<input type="checkbox"/> With Family—Not Parents		<input type="checkbox"/> Foster Parent/Caregiver/Guardian		
	<input type="checkbox"/> Independent	<input type="checkbox"/> Institution		<input type="checkbox"/> Supported Independent Living		
	<input type="checkbox"/> Prefer Not to Say	<input type="checkbox"/> Group Home (If YES, please complete the following)			Name of Group Home	
	Group Home Contact	Group Home Phone No.		Group Home Email		
T-Shirt Size	<input type="checkbox"/> Youth	<input type="checkbox"/> Adult	<input type="checkbox"/> XS	<input type="checkbox"/> S	<input type="checkbox"/> M	
	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> XXL	<input type="checkbox"/> Other: _____		

Program Selection

PLEASE INDICATE THE REGION IN WHICH THE ATHLETE WILL BE PARTICIPATING:
 Prince County Central Kings County

Youth Programs Active Start (2-6 years) FUNdamentals (7-12 years) Youth Multi-Sport (8-20 years)
*** Athletes who are ONLY enrolled in youth programs do not need to make sport program selections.**

Adult Sport Enrollments (13+ yrs.)	<input type="checkbox"/> 5-Pin Bowling	<input type="checkbox"/> 10-Pin Bowling	<input type="checkbox"/> Alpine Skiing	<input type="checkbox"/> Athletics
	<input type="checkbox"/> Basketball	<input type="checkbox"/> Bocce	<input type="checkbox"/> Cross Country Skiing	<input type="checkbox"/> Curling
	<input type="checkbox"/> Figure Skating	<input type="checkbox"/> Floor Hockey	<input type="checkbox"/> Golf	<input type="checkbox"/> Powerlifting
	<input type="checkbox"/> Rhythmic Gymnastics	<input type="checkbox"/> Soccer	<input type="checkbox"/> Softball	<input type="checkbox"/> Snowshoeing
	<input type="checkbox"/> Speed Skating	<input type="checkbox"/> Swimming	*ONLY check the sports you wish to participate in.	

2022 Competitive Summer Sport Selection

Summer Sports	<input type="checkbox"/> 10-Pin Bowling	<input type="checkbox"/> Athletics	<input type="checkbox"/> Basketball	<input type="checkbox"/> Bocce	<input type="checkbox"/> Golf
	<input type="checkbox"/> Powerlifting	<input type="checkbox"/> Rhythmic Gymnastics	<input type="checkbox"/> Soccer	<input type="checkbox"/> Softball	<input type="checkbox"/> Swimming

Please see Policy 6000-01 Regarding Eligibility for Competitive Sport Selections

Does the athlete have a criminal record of any kind, or have they ever been charged with a criminal offence? Yes No
If yes, please indicate the nature of the offence: _____

I HAVE READ THE FOLLOWING DOCUMENTS AND AGREE TO THEIR GUIDELINES:

- 1.) Code of Conduct and Ethics - Pan Canadian Policy
 - 2.) Criminal Offenses and Investigations Policy - Policy 2000-17
- Policies can be found at www.specialolympics.ca/pei/learn/policies-publications

WAIVER AND RELEASE

I, THE UNDERSIGNED ATHLETE, PARENT AND/OR LEGAL GUARDIAN OF THE ABOVE NAMED ATHLETE, HEREBY REQUEST PERMISSION FOR THE ATHLETE TO PARTICIPATE IN THE SPECIAL OLYMPICS CANADA INC. PROGRAM. I REPRESENT AND WARRANT YOU THAT THE ATHLETE IS PHYSICALLY AND MENTALLY ABLE TO PARTICIPATE IN SPECIAL OLYMPICS CANADA. ON BEHALF OF THE ATHLETE AND MYSELF, I ACKNOWLEDGE THAT THE ATHLETE WILL BE USING FACILITIES AT THEIR OWN RISK AND I, ON MY OWN BEHALF, HEREBY RELEASE, DISCHARGE AND INDEMNIFY SPECIAL OLYMPICS CANADA INC. FROM ALL LIABILITY FOR INJURY TO PERSON OR DAMAGE TO PROPERTY OF MYSELF OR ENTRANT. IN PERMITTING THE ATHLETE TO PARTICIPATE I AM SPECIFICALLY GRANTING PERMISSION TO YOU TO USE THE LIKENESS, VOICE AND WORDS OF THE ATHLETE ON TELEVISION, RADIO, FILMS, NEWSPAPER, MAGAZINE AND OTHER MEDIA, AND IN ANY FORM NOT HEREBY DESCRIBED FOR THE PURPOSE OF ADVERTISING OR COMMUNICATING THE PURPOSES AND ACTIVITIES OF SPECIAL OLYMPICS CANADA ACTIVITIES IN WHICH THE ATHLETE IS TO COMPETE, SO AS TO BE CONSULTED IN 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 SPECIAL OLYMPICS CANADA INC. INCLUDE AND APPLY EQUALLY TO THE PROVINCIAL AND TERRITORIAL CHAPTERS OF SPECIAL OLYMPICS INC.

PRIVACY POLICY

SPECIAL OLYMPICS PRINCE EDWARD ISLAND (SOPEI) WILL PROTECT YOUR PERSONAL INFORMATION AND ADHERE TO ALL LEGISLATIVE REQUIREMENTS WITH RESPECT TO YOUR PRIVACY. WE USE YOUR PERSONAL INFORMATION TO PROVIDE SERVICES AND KEEP YOU INFORMED AND UP TO DATE ON THE ACTIVITIES OF SOPEI, INCLUDING PROGRAMS, SERVICES, SPECIAL EVENTS, FUNDING REQUIREMENTS, MEDIA, AND OPPORTUNITIES TO VOLUNTEER OR TO GIVE.

I DO NOT PERMIT SOPEI TO PROVIDE ANY THIRD PARTIES MY PERSONAL INFORMATION (PLEASE CHECK)

Athlete or Guardian (Print Name)	If guardian, indicate relationship
_____	_____
Signature _____	Date _____

Return to: Special Olympics Prince Edward Island
40 Enman Crescent, Room 240 Charlottetown, PE C1E 1E6
Phone: 902-368-8919 Toll Free:1-800-287-1196 Fax: 902-892-4553