

SPECIAL OLYMPICS NEWFOUNDLAND & LABRADOR

ATHLETE REGISTRATION FORM – **CLUB:**

ANNUAL REGISTRATION FEE:		PAYMENT FEE:	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> OTHER: _____				
FIRST NAME		MIDDLE NAME /INITIAL		LAST NAME			
HOME ADDRESS AND CONTACT INFORMATION	<i>Street Name & No.</i>						
	<i>City</i>			<i>Province</i> Newfoundland & Labrador	<i>Postal Code</i>		
	<i>Home Phone #</i>		<i>Primary E-mail Address:</i>				
	<i>Secondary E-mail address</i>			<i>Cell Phone #</i>			
	<i>Mailing Address, if different from above, i.e., Box Number, RR Number</i>						
	<i>City</i>		<i>Province</i>	<i>Postal Code</i>			
PRIMARY EMERGENCY CONTACT	<i>Name</i>			<i>Relationship</i>			
	<i>Cell Phone #</i>			<i>Alternate Phone #</i>			
ALTERNATE EMERGENCY CONTACT	<i>Name</i>			<i>Relationship</i>			
	<i>Cell Phone #</i>			<i>Alternate Phone #</i>			
GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female	AGE:		DATE OF BIRTH	<i>Month Day Year</i>		
MCP #				EXPIRY DATE:			
PARENT/ GUARDIAN INFORMATION	<i>First Name</i>			<i>Last Name</i>			
	<i>Address (if different from the athlete)</i>						
	<i>City</i>			<i>Province</i>	<i>Postal Code</i>		
	<i>Cell Phone #</i>		<i>Alternate Phone #</i>		<i>E-mail address</i>		
LIVING SITUATION	<input type="checkbox"/> Parental <input type="checkbox"/> Non-parental Family <input type="checkbox"/> Foster Parents/Caregiver/Guardian <input type="checkbox"/> Independent <input type="checkbox"/> Group Home <input type="checkbox"/> Supported Independent Living <input type="checkbox"/> Prefer not to say						
	<i>Name of Group Home</i>			<i>Group Home Phone #</i>			
SOCIAL WORKER	<i>Name of Social Worker</i>			<i>Social Worker Phone #</i>			

Does this athlete have a one-on-one person that will be accompanying them to Special Olympics Programs?

SEE REVERSE SIDE

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ATHLETE REGISTRATION FORM, PAGE 2 – CLUB:**

FIRST/ PREFERRED NAME		LAST NAME	
SPORTS CURRENTLY INVOLVED IN	<input type="checkbox"/> Active Start <input type="checkbox"/> Curling <input type="checkbox"/> Skiing, Cross-Country <input type="checkbox"/> OTHER: <input type="checkbox"/> Athletics <input type="checkbox"/> Floor Hockey <input type="checkbox"/> Snowshoeing <input type="checkbox"/> Basketball <input type="checkbox"/> FUNdamentals <input type="checkbox"/> Soccer <input type="checkbox"/> Bowling, 5-Pin <input type="checkbox"/> Golf <input type="checkbox"/> Softball <input type="checkbox"/> DAY: _____ <input type="checkbox"/> Powerlifting <input type="checkbox"/> Swimming <input type="checkbox"/> Bocce <input type="checkbox"/> Rhythmic Gym. <input type="checkbox"/> Track & Field		
GENERAL INFORMATION			

ATHLETE CODE OF CONDUCT

I, the undersigned athlete have read or heard and understood the Athlete Code of Conduct. I agree to abide by the Code of Conduct at all Special Olympics Events.

Athlete: _____.

Signature: _____ Date _____.

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 _____.