

To Athletes, Families & Caregivers:

Enclosed are the directions for registrations for all athletes (both returning and new).

To Register by Email:

Complete the following two forms:

1. ATHLETE REGISTRATION and MEDICAL FORM ([Fillable PDF](#))
2. PARTICIPATION WAIVER AND PROMOTIONAL MEDIA OPT IN OR OUT FORM ([Online link below](#))

https://forms.office.com/pages/responsepage.aspx?id=gUk7Irm5CUuvAKIjHH4DxsU8dQhk4xNMhCAc5I_lbMVURENYRFcxOFdXQUIMU0hPS1ZPVki0RTFXTC4u&web=1&wdLOR=c836C2A4F-417B-4458-8261-DCC70A40C7DC

After you register, the SO Victoria Treasurer will send you an invoice with instructions for payment to your email (or mailing address if an email is not provided). It is important that you provide an email/mail address that you check regularly to ensure it is not missed.

To Register in Person:

SO Victoria will not be holding an in-person registration event until 2022. If you are unable to register by email, please reach out to the Athlete Registrar or the Treasurer and we will work with you to set up an alternate process.

Athlete Registrar – Contact Information

Sarah Anthony

Email: athleteregistrar@gmail.com

Treasurer – Contact Information

Monika Burgess

1181 Burnside Rd West

Victoria, BC V8Z 1N7

Phone: 250-208-2513

Email: Sovic.treasurer@gmail.com

How to Download, Complete, and Save a Fillable PDF

In order to fill out a fillable PDF form you must (1) download the form; and then (2) complete and (3) save the form in a PDF Reader. The instructions below provide steps on how to do this.

1: Download the PDF

a) If the PDF is sent to you directly as an attachment in an email, right click on the file, select 'Save As...' and save it to your computer.

OR

b) If you are accessing the PDF by clicking on a link that you were sent, right click on the file once it appears in your internet browser (Safari, Google Chrome, Firefox, Microsoft Edge etc.), select 'Save As...' and save it to your computer.

2: Complete the PDF

a) **Please use a PDF reader to complete the PDF.** Adobe Acrobat Reader is recommended. You can download [Adobe Acrobat Reader for free here](#).

NOTE: The form will not save properly if you complete the form in an internet browser.

b) To open your previously downloaded PDF with Adobe Acrobat Reader, locate the file, right click on it, select 'Open with', then select Adobe Acrobat Reader.

c) Once the file is open in Adobe Acrobat Reader, simply click on the field you wish to complete and type in your information.

3: Saving the PDF

a) In Adobe Acrobat save the document and your entries by clicking on 'File', then 'Save As' and saving it to your computer. This method will allow you to save partially filled forms and return later to pick up where you left off.

b) If you would like to print the PDF using Adobe Acrobat, make sure the file is open in Adobe Acrobat, click 'File', then 'Print...'. Once you choose your printer settings, select 'Print' again.



ATHLETE REGISTRATION FORM (2021 / 2022)

SOBC Local: VICTORIA

Returning Athlete New Athlete

ATHLETE INFORMATION			
First Name:		Last Name:	
Date of Birth (mm/dd/yyyy):		Gender:	
Athlete Email:			
Alternate Email:			
Street Address:			City:
Postal Code:	Home Phone:		Cell Phone:
Athlete Living Situation: <input type="checkbox"/> Parent / Guardian <input type="checkbox"/> Caregiver <input type="checkbox"/> Group Home <input type="checkbox"/> Independent			
SPORTS PROGRAMS (indicate sports athlete would like to register for)			
<input type="checkbox"/> 5-Pin Bowling	<input type="checkbox"/> 10-Pin Bowling	<input type="checkbox"/> Figure Skating	<input type="checkbox"/> Learn to Skate
<input type="checkbox"/> Basketball		<input type="checkbox"/> Floor Hockey	<input type="checkbox"/> Speed Skating
<input type="checkbox"/> Bocce		<input type="checkbox"/> Golf	
<input type="checkbox"/> Curling		<input type="checkbox"/> Powerlifting	
<input type="checkbox"/> Track & Field		<input type="checkbox"/> Rhythmic Gymnastics	
<input type="checkbox"/> Athletic Club (12yrs+)		<input type="checkbox"/> Soccer	
<input type="checkbox"/> Club Fit (fall)	<input type="checkbox"/> Club Fit (spring)	<input type="checkbox"/> Softball	<input type="checkbox"/> T-Ball
			<input type="checkbox"/> Swimming (Tues)
			<input type="checkbox"/> Swimming (Thurs)
			<input type="checkbox"/> Swimming (Thurs/Shallow)
			<input type="checkbox"/> Active Start (ages 2-6)
			<input type="checkbox"/> FUNdamentals (Monday/Fall)
			<input type="checkbox"/> FUNdamentals (Tuesday/Fall)
			<input type="checkbox"/> FUNdamentals (Spring)
PARENT / GUARDIAN / CAREGIVER INFORMATION (required if athlete is under 19 or otherwise has a legal guardian)			
Name:		Relationship to Athlete:	
<input type="checkbox"/> Same Contact Info as Athlete (please list anything different below)			
Street Address:			City:
Postal Code:	Home Phone:		Cell Phone:
Email:			
EMERGENCY CONTACT INFORMATION			
Primary Contact Name:			
Relationship to Athlete: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Friend <input type="checkbox"/> Relative			
Home Phone:		Cell Phone:	
Secondary Contact Name:			
Relationship to Athlete: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Friend <input type="checkbox"/> Relative			
Home Phone:		Cell Phone:	

ATHLETE NAME: _____ SOBC LOCAL: VICTORIA

MEDICAL INFORMATION (if more space is needed, please attached a separate sheet)

Health Card #:

Physician Name:

Physician Phone:

Medications & Dosages (please list) Self-Administered Yes No

Seizures: Yes No If yes, please indicate seizure type, frequency, and treatment plan:

Allergies: Yes No If yes, please provide Allergy Detail (including food, drugs, or other)

Allergy Treatment (ie. does the athlete carry an epi-pen, medication, etc.)

Down Syndrome Yes No

AAXray Date:

AAXRay Result: Positive Negative

Medical Conditions:

- Arthritis Asthma Depression Epilepsy High Blood Pressure
 Diabetes (if yes please indicate treatment below in medical notes)
 Other (if yes please provide details below in medical notes)

Health Devices (please list if athlete has glasses, contacts, hearing aids, etc.):

Dietary Requirements (please indicate any specific dietary requirements i.e., gluten or lactose free):

Medical Notes (please include any additional information):

By filling in my name below I acknowledge that the information provided on this form is correct to the best of my knowledge and I will update this information should it change

ATHLETE SIGNATURE (if 19 years or over)

Athlete Signature:

Date:

PARENT/GUARDIAN SIGNATURE (required for athlete under 19 or who requires legal guardian to sign legal documents)

Parent/Guardian Signature:

Date:

Printed Name:

Relationship to Athlete:

****If filling in and submitting the form online, you may type your name in the signature line****