

# ATHLETE REGISTRATION FORM

**Special Olympics**



State Special Olympics Program: \_\_\_\_\_

Are you a new athlete to Special Olympics or Re-Registering?

New Athlete

Re-Registering

<b>ATHLETE INFORMATION</b>		
First Name:	Middle Name:	
Last Name:	Preferred Name:	
Date of Birth (mm/dd/yyyy):	Female	Male
Race/Ethnicity (Optional):		
American Indian/Alaskan Native      Asian      Two or More Races Black or African American      Native Hawaiian or Other Pacific Islander White      Hispanic or Latino (specific origin group: _____)		
Language(s) Spoken in Athlete's Home (Optional): Check all that apply		
English      Spanish      Other (please list): _____		
Street Address:		
City:	State:	Postal Code:
Phone:	E-mail:	
Sports/Activities:		
Athlete Employer, if any (Optional):		
Does the athlete have the capacity to consent to medical treatment on his or her own behalf?      Yes      No		
<b>PARENT / GUARDIAN INFORMATION (required if minor or otherwise has a legal guardian)</b>		
Name:		
Relationship:		
Same Contact Info as Athlete		
Street Address:		
City:	State:	Postal Code:
Phone:	E-mail:	
<b>EMERGENCY CONTACT INFORMATION</b>		
Same as Parent/Guardian		
Name:		
Phone:	Relationship:	
<b>PHYSICIAN &amp; INSURANCE INFORMATION</b>		
Physician Name:		
Physician Phone:		
Insurance Company:	Insurance Policy Number:	
Insurance Group Number:		

# ATHLETE RELEASE FORM

Special Olympics



I agree to the following:

1. **Ability to Participate.** I am physically able to take part in Special Olympics activities.
2. **Likeness Release.** I give permission to Special Olympics, Inc., Special Olympics games organizing committees, and Special Olympics accredited Programs (collectively "Special Olympics") to use my likeness, photo, video, name, voice, and words to promote Special Olympics and raise funds for Special Olympics.
3. **Risk of Concussion and Other Injury.** I know there is a risk of injury. I understand the risk of continuing to play sports with or after a concussion or other injury. I may have to get medical care if I have a suspected concussion or other injury. I also may have to wait 7 days or more and get permission from a doctor before I start playing sports again.
4. **Emergency Care.** If I am unable, or my guardian is unavailable, to consent or make medical decisions in an emergency, I authorize Special Olympics to seek medical care on my behalf, unless I mark one of these boxes:
  - ☐ I have a religious or other objection to receiving medical treatment. (Not common.)
  - ☐ I do not consent to blood transfusions. (Not common.)(If either box is marked, an EMERGENCY MEDICAL CARE REFUSAL FORM must be completed.)
5. **Overnight Stay.** For some events, I may stay in a hotel or someone's home. If I have questions, I will ask.
6. **Health Programs.** If I take part in a health program, I consent to health activities, screenings, and treatment. This should not replace regular health care. I can say no to treatment or anything else at any time.
7. **Personal Information.** I understand that Special Olympics will be collecting my personal information as part of my participation, including my name, image, address, telephone number, health information, and other personally identifying and health related information I provide to Special Olympics ("personal information").
  - I agree and consent to Special Olympics:
    - using my personal information in order to: make sure I am eligible and can participate safely; run trainings and events; share competition results (including on the Web and in news media); provide health treatment if I participate in a health program; analyze data for the purposes of improving programming and identifying and responding to the needs of Special Olympics participants; perform computer operations, quality assurance, testing, and other related activities; and provide event-related services.
    - using my personal information and creating a profile of me for communications and marketing purposes, including direct digital marketing through email, SMS, social media, and other channels.
    - sharing my personal information with (i) researchers, business partners, public health agencies, and other organizations that are studying intellectual disabilities and the impact of Special Olympics activities, (ii) medical professionals in an emergency, and (iii) government authorities for the purpose of assisting me with any visas required for international travel to Special Olympics events and for any other purpose necessary to protect public safety, respond to government requests, and report information as required by law.
  - I understand Special Olympics is a global organization with headquarters in the United States of America. I acknowledge that my personal information may be stored and processed in countries outside my country of residence, including the United States. Such countries may not have the same level of personal data protection as my country of residence, and I agree that the laws of the United States will govern your processing of my personal information as provided in this consent.
  - I have the right to ask to see my personal information or to be informed about the personal information that is processed about me. I have the right to ask to correct and delete my personal information, and to restrict the processing of my personal information if it is inconsistent with this consent.
  - *Sharing of Personal Information.* Personal information may be shared consistent with this form and as further explained in the Special Olympics privacy policy at [www.SpecialOlympics.org/Privacy\\_Policy.aspx](http://www.SpecialOlympics.org/Privacy_Policy.aspx).

<b>Athlete Name:</b>	<b>E-mail:</b>
<b>ATHLETE SIGNATURE</b> (required for adult athlete with capacity to sign legal documents)	
I have read and understand this form. If I have questions, I will ask. By signing, I agree to this form.	
<b>Athlete Signature:</b>	<b>Date:</b>
<b>PARENT/GUARDIAN SIGNATURE</b> (required for athlete who is a minor or lacks capacity to sign legal documents)	
I am a parent or guardian of the athlete. I have read and understand this form and have explained the contents to the athlete as appropriate. By signing, I agree to this form on my own behalf and on behalf of the athlete.	
<b>Parent/Guardian Signature:</b>	<b>Date:</b>
<b>Printed Name:</b>	<b>Relationship:</b>

# Athlete Medical Form – HEALTH HISTORY

(To be completed by the athlete or parent/guardian/caregiver and brought to exam)

**Special  
Olympics**



Athlete First & Last Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Athlete Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Female Male

STATE PROGRAM: \_\_\_\_\_ E-mail: \_\_\_\_\_

## ASSOCIATED CONDITIONS - Does the athlete have (check any that apply):

Autism	Down Syndrome	Fragile X Syndrome
Cerebral Palsy	Fetal Alcohol Syndrome	
Other Syndrome, please specify: _____		

## ALLERGIES & DIETARY RESTRICTIONS

No Known Allergies

Latex

Medications: \_\_\_\_\_

Insect Bites or Stings: \_\_\_\_\_

Food: \_\_\_\_\_

## ASSISTIVE DEVICES - Does the athlete use (check any that apply):

Brace	Colostomy	Communication Device
C-PAP Machine	Crutches or Walker	Dentures
Glasses or Contacts	G-Tube or J-Tube	Hearing Aid
Implanted Device	Inhaler	Pacemaker
Removable Prosthetics	Splint	Wheel Chair

List any special dietary needs:

## SPORTS PARTICIPATION

List all Special Olympics sports the athlete wishes to play:

Has a doctor ever limited the athlete's participation in sports?

No Yes

If yes, please describe:

## SURGERIES, INFECTIONS, VACCINES

List all past surgeries:

Does the athlete currently have any chronic or acute infection?

No Yes

If yes, please describe:

Has the athlete ever had an abnormal Electrocardiogram (EKG) or Echocardiogram (Echo)? If yes, describe date and results

Yes, had abnormal EKG

Yes, had abnormal Echo

Has the athlete had a Tetanus vaccine in the past 7 years? No Yes

## EPILEPSY AND/OR SEIZURE HISTORY

Epilepsy or any type of seizure disorder No Yes

If yes, list seizure type: \_\_\_\_\_

If yes, had seizure during the past year? No Yes

## MENTAL HEALTH

Self-injurious behavior during the past year	No	Yes	Depression (diagnosed)	No	Yes
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Aggressive behavior during the past year	No	Yes	Anxiety (diagnosed)	No	Yes
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Describe any additional mental health concerns:

## FAMILY HISTORY

Has any relative died of a heart problem before age 50? No Yes

Has any family member or relative died while exercising? No Yes

List all medical conditions that run in the athlete's family:

# Athlete Medical Form – HEALTH HISTORY

(To be completed by the athlete or parent/guardian/caregiver and brought to Exam)



Athlete's First and Last Name: \_\_\_\_\_

## HAS THE ATHLETE EVER BEEN DIAGNOSED WITH OR EXPERIENCED ANY OF THE FOLLOWING CONDITIONS

Loss of Consciousness	No	Yes	High Blood Pressure	No	Yes	Stroke/TIA	No	Yes
Dizziness during or after exercise	No	Yes	High Cholesterol	No	Yes	Concussions	No	Yes
Headache during or after exercise	No	Yes	Vision Impairment	No	Yes	Asthma	No	Yes
Chest pain during or after exercise	No	Yes	Hearing Impairment	No	Yes	Diabetes	No	Yes
Shortness of breath during or after exercise	No	Yes	Enlarged Spleen	No	Yes	Hepatitis	No	Yes
Irregular, racing or skipped heart beats	No	Yes	Single Kidney	No	Yes	Urinary Discomfort	No	Yes
Congenital Heart Defect	No	Yes	Osteoporosis	No	Yes	Spina Bifida	No	Yes
Heart Attack	No	Yes	Osteopenia	No	Yes	Arthritis	No	Yes
Cardiomyopathy	No	Yes	Sickle Cell Disease	No	Yes	Heat Illness	No	Yes
Heart Valve Disease	No	Yes	Sickle Cell Trait	No	Yes	Broken Bones	No	Yes
Heart Murmur	No	Yes	Easy Bleeding	No	Yes	Dislocated Joints	No	Yes
Endocarditis	No	Yes	If female athlete, list date of last menstrual period: _____					

**Describe any past broken bones or dislocated joints**

(if yes is checked for either of those fields above):

**List any other ongoing or past medical conditions:**

## Neurological Symptoms for Spinal Cord Compression and Atlanto-axial Instability

Difficulty controlling bowels or bladder	No	Yes	If yes, is this new or worse in the past 3 years?	No	Yes
Numbness or tingling in legs, arms, hands or feet	No	Yes	If yes, is this new or worse in the past 3 years?	No	Yes
Weakness in legs, arms, hands or feet	No	Yes	If yes, is this new or worse in the past 3 years?	No	Yes
Burner, stinger, pinched nerve or pain in the neck, back, shoulders, arms, hands, buttocks, legs or feet	No	Yes	If yes, is this new or worse in the past 3 years?	No	Yes
Head Tilt	No	Yes	If yes, is this new or worse in the past 3 years?	No	Yes
Spasticity	No	Yes	If yes, is this new or worse in the past 3 years?	No	Yes
Paralysis	No	Yes	If yes, is this new or worse in the past 3 years?	No	Yes

## PLEASE LIST ANY MEDICATION, VITAMINS OR DIETARY SUPPLEMENTS BELOW

(includes inhalers, birth control or hormone therapy)

Medication, Vitamin or Supplement Name	Dosage	Times per Day	Medication, Vitamin or Supplement Name	Dosage	Times per Day	Medication, Vitamin or Supplement Name	Dosage	Times per Day

Is the athlete able to administer his or her own medications?      No      Yes

Name of Person Completing this Form	Relationship to Athlete	Phone	Email
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# Athlete Medical Form – PHYSICAL EXAM

(To be completed by a Licensed Medical Professional qualified to conduct exams & prescribe medications)



Athlete's First and Last Name: \_\_\_\_\_

## MEDICAL PHYSICAL INFORMATION

(To be completed by a Licensed Medical Professional qualified to conduct physical exams and prescribe medications)

Height	Weight	BMI (optional)	Temperature	Pulse	O <sub>2</sub> Sat	Blood Pressure (in mmHg)		Vision			
cm	kg	BMI	C			BP Right:	BP Left:	Right Vision 20/40 or better	No	Yes	N/A
in	lbs	Body Fat %	F					Left Vision 20/40 or better	No	Yes	N/A
Right Hearing (Finger Rub)	Responds	No Response	Can't Evaluate			Bowel Sounds	Yes	No			
Left Hearing (Finger Rub)	Responds	No Response	Can't Evaluate			Hepatomegaly	No	Yes			
Right Ear Canal	Clear	Cerumen	Foreign Body			Splenomegaly	No	Yes			
Left Ear Canal	Clear	Cerumen	Foreign Body			Abdominal Tenderness	No	RUQ	RLQ	LUQ	LLQ
Right Tympanic Membrane	Clear	Perforation	Infection	NA		Kidney Tenderness	No	Right	Left		
Left Tympanic Membrane	Clear	Perforation	Infection	NA		Right upper extremity reflex	Normal	Diminished	Hyperreflexia		
Oral Hygiene	Good	Fair	Poor			Left upper extremity reflex	Normal	Diminished	Hyperreflexia		
Thyroid Enlargement	No	Yes				Right lower extremity reflex	Normal	Diminished	Hyperreflexia		
Lymph Node Enlargement	No	Yes				Left lower extremity reflex	Normal	Diminished	Hyperreflexia		
Heart Murmur (supine)	No	1/6 or 2/6	3/6 or greater			Abnormal Gait	No	Yes, describe below			
Heart Murmur (upright)	No	1/6 or 2/6	3/6 or greater			Spasticity	No	Yes, describe below			
Heart Rhythm	Regular	Irregular				Tremor	No	Yes, describe below			
Lungs	Clear	Not clear				Neck & Back Mobility	Full	Not full, describe below			
Right Leg Edema	No	1+ 2+ 3+ 4+				Upper Extremity Mobility	Full	Not full, describe below			
Left Leg Edema	No	1+ 2+ 3+ 4+				Lower Extremity Mobility	Full	Not full, describe below			
Radial Pulse Symmetry	Yes	R>L L>R				Upper Extremity Strength	Full	Not full, describe below			
Cyanosis	No	Yes, describe				Lower Extremity Strength	Full	Not full, describe below			
Clubbing	No	Yes, describe				Loss of Sensitivity	No	Yes, describe below			

## SPINAL CORD COMPRESSION & ATLANTO-AXIAL INSTABILITY (AAI) (Select one)

Athlete shows **NO EVIDENCE** of neurological symptoms or physical findings associated with spinal cord compression or atlanto-axial instability.

OR

Athlete has neurological symptoms or physical findings that could be associated with spinal cord compression or atlanto-axial instability and **must receive an additional neurological evaluation** to rule out additional risk of spinal cord injury prior to clearance for sports participation.

## ATHLETE CLEARANCE TO PARTICIPATE (TO BE COMPLETED BY EXAMINER ONLY)

Licensed Medical Examiners: It is recommended that the examiner review items on the medical history with the athlete or their guardian, prior to performing the physical exam. If an athlete needs further medical evaluation please make a referral below and second physician for referral should complete page 4.

This athlete is **ABLE** to participate in Special Olympics sports without restrictions.

This athlete is **ABLE** to participate in Special Olympics sports **WITH** restrictions. Describe → \_\_\_\_\_

This athlete **MAY NOT participate** in Special Olympics sports at this time & **MUST** be further evaluated by a physician for the following concerns:

Concerning Cardiac Exam

Acute Infection

O<sub>2</sub> Saturation Less than 90% on Room Air

Concerning Neurological Exam

Stage II Hypertension or Greater

Hepatomegaly or Splenomegaly

Other, please describe:

## Additional Licensed Examiner's Notes and Recommended (but not required) Follow-up:

Follow up with a cardiologist

Follow up with a neurologist

Follow up with a primary care physician

Follow up with a vision specialist

Follow up with a hearing specialist

Follow up with a dentist or dental hygienist

Follow up with a podiatrist

Follow up with a physical therapist

Follow up with a nutritionist

Other/Exam Notes:

		Name:	
		E-mail:	
Signature of Licensed Medical Examiner	Exam Date	Phone:	License #:

# Athlete Medical Form – MEDICAL REFERRAL FORM

(To be completed by a Licensed Medical Professional only if referral is needed)



Athlete's First and Last Name: \_\_\_\_\_

**This page only needs to be completed and signed if the physician on page three does not clear the athlete and indicates further evaluation is required.**

**Athlete should bring the previously completed pages to the appointment with the specialist.**

Examiner's Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

I have been asked to perform an additional athlete exam for the following medical concern(s) - *Please describe:*

Concerning Cardiac Exam

Acute Infection

O<sub>2</sub> Saturation Less than 90% on Room Air

Concerning Neurological Exam

Stage II Hypertension or Greater

Hepatomegaly or Splenomegaly

Other, please describe:

**In my professional opinion, this athlete MAY now participate in Special Olympics sports (indicate restrictions or limitations below):**

**Yes**

**Yes, but with restrictions (*list below*)**

**No**

Additional Examiner Notes/Restrictions:

Examiner E-mail: \_\_\_\_\_

Examiner Phone: \_\_\_\_\_

License: \_\_\_\_\_

**Examiner's Signature**

**Date**

**This section to be completed by Special Olympics staff only, if applicable.**

This medical exam was completed at a MedFest event?

Yes

No

The athlete is a Unified Partner or a Young Athlete Participant?

Unified Partner

Young Athlete

# Athlete Code of Conduct Agreement

**Special Olympics**  
Texas



Special Olympics reaches for the highest ideals of sport just like the Olympic Games. The Special Olympics Athlete Oath is: "Let me win. But if I cannot win, let me be brave in the attempt." All Special Olympics athletes repeat these words before each competition. The oath is a pledge, or promise, to try to achieve the highest level of good sportsmanship at training and competition. Furthermore, SOTX athletes represent the organization off the playing field as well, so their behavior and actions should always be positive.

***As a Special Olympics athlete, I understand and pledge that:***

## **Sportsmanship**

- I will practice good sportsmanship.
- I will act in ways that bring respect to me, my coaches, my team, my family and Special Olympics.
- I will respect other athletes, volunteers, officials and coaches by not swearing at them, using foul language, or demonstrating inappropriate gestures or actions.
- I will demonstrate good behavior and actions with other athletes, coaches, volunteers, officials and staff.

## **Training and Competition**

- I will train regularly.
- I will learn and follow the rules of my sport.
- I will listen and ask questions when I do not understand.
- I will always try my best during training, divisioning and competitions.
- I will not "hold back" in preliminaries just to get into an easier final heat.

## **Personal Responsibility**

- I will not make inappropriate or unwanted physical, verbal, or sexual advances on others.
- I will use tobacco products only in designated areas away from the field of play and will not share or encourage others to use tobacco products with me.
- I will not drink alcohol or use illegal drugs while representing Special Olympics at events, trainings or competitions.
- I will not take drugs for the purpose of improving my performance.
- I will obey all laws and Special Olympics rules.

## **Do You Understand the Athlete Code of Conduct Agreement?**

By signing below, I am saying that:

- I have read (or have had read to me) this Athlete Code of Conduct Agreement.
- I agree to obey this Athlete Code of Conduct Agreement.
- I understand the words and meaning of this Athlete Code of Conduct Agreement.
- I understand that this Athlete Code of Conduct Agreement is a general guide for my conduct and does not describe all types of good and bad behavior.
- I understand that my future participation in Special Olympics activities could be affected if I do not obey this Code of Conduct Agreement.
- I understand and agree to follow the Special Olympics Athlete's Grievance Procedures if I wish to appeal my punishment. My coach or a member of the Games Organizing Committee will explain the steps I must follow.

I, (print name) \_\_\_\_\_, do hereby agree to the terms of the Athlete Code of Conduct Agreement stated above.

Athlete Signature	Date
Parent/Guardian Signature (if under 18)	Date





## **Special Olympics Texas Parent/Guardian Code of Conduct**

Special Olympics Texas (SOTX) is committed to the highest ideals of sport and expects all parents and guardians to honor sport and Special Olympics Texas. All Special Olympics parents and guardians agree to observe the following code of conduct:

### **RESPONSIBILITIES**

- Any concerns will be brought to the attention of the **HOD**, not the coaches, in a respectful, courteous manner.
- I will make sure my athlete/partner will attend all practices and competitions, (unless other arrangements have been made) and will arrive on time.
- I will ensure a positive experience for my athletes/partners/coaches.
- I will remember that athletes/partners/coaches are participating for their enjoyment.

### **RESPECT FOR OTHERS**

- I will not use offensive language, nor will I harass coaches, other parents
- I will remember that athletes learn best by example, and I will appreciate good performance and skillful plays by all participants.
- I will respect the rights, dignity and worth of all people involved in the games, regardless of their gender, ability, religion, sexual orientation or cultural background.

### **ENSURE A POSITIVE EXPERIENCE**

- I will encourage athletes to play according to the rules and to settle disagreements without resorting to hostility or violence.
- I will provide positive comments that motivate and encourage all participants.

### **ACT APPROPRIATELY AND TAKE RESPONSIBILITY FOR MY ACTIONS**

- I understand that Special Olympics Texas has a **ZERO TOLERANCE POLICY** for drinking, drug use and physical/verbal acts of aggression during all Special Olympics practices, games and events. I also understand that any parent, guardian or caregiver who fails to comply with this policy will be asked to immediately leave the practice facility or competition venue.
- I understand that parents and guardians are expected to refrain from challenging coaches' decisions regarding athletes/partners/coaches' positions.





### CONSEQUENCES

Failure to comply with the Special Olympics Texas Parent/Guardian Code of Conduct may result in:

- The parent or guardian being asked to no longer attend Special Olympics Texas events.
- The parent or guardian being asked to leave the practice facility or competition venue..

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Parent/Guardian Signature

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Date

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Head of Delegation Signature

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Date

Upon entering Special Olympics Texas as an Parent of the organization, the coach should review and have the parent sign the form (if possible). At that time, the coach should explain what the consequences are of the parents not following the Code of Conduct. The Code of Conduct Agreement needs to be signed only once while the parent participates with any given team. If the parent changes teams, the Code of Conduct should be reviewed with the new coach, consequences explained and the Code of Conduct Agreement signed again. The Parent Code of Conduct Agreement should be kept on file by the head coach or head of delegation.

**WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION  
AGREEMENT FOR COMMUNICABLE DISEASES  
("Agreement") for  
SPECIAL OLYMPICS**

In consideration of being allowed to participate in any way in Special Olympics sports training, competition or fundraising activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious and/or communicable diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Special Olympics, Inc, Special Olympics **Texas** their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Name of Participant: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

**FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: \_\_\_\_\_

Parent guardian/signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

## Social Media Permission Form

The EMS-ISD Trailblazers compete in Bowling and Track and Field competitions. During practices and competitions pictures are taken for an end of the year slide show with the team. Also, EMS-ISD would like to post pictures of the EMSISD Trailblazers' team on their Social Media pages such as Facebook, twitter, Peachjar, etc., where competition dates can be posted along with Trailblazers rosters or athlete achievements.

**Athlete's Name (please print neatly):**

\_\_\_\_\_

**School attending:**

\_\_\_\_\_

I am the parent or legal guardian of the child named above. I understand the possible publication of my child's image and/or name on social media forms and agree to the following:

**Please check the appropriate box below:**

( ) **IDO** give permission to allow my child's **image and/or name** to be displayed on the EMS-ISD social media pages.

( ) **IDO NOT** give permission for my child's **image and/or name** to appear on any EMS-ISD social media pages.

( ) **IDO** give permission to allow my child's **Image Only** to appear on EMS-ISD social media pages.

**Print Name of Parent/Guardian:**

**Parent/Guardian Signature:**

**Date:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_