

ATHLETE REGISTRATION FORM

Special Olympics



State Special Olympics Program: _____

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

New Athlete

Re-Registering

ATHLETE INFORMATION		
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		
PARENT / GUARDIAN INFORMATION (required if minor or otherwise has a legal guardian)		
Name:		
Relationship:		
Same Contact Info as Athlete		
Street Address:		
City:	State:	Postal Code:
Phone:	E-mail:	
EMERGENCY CONTACT INFORMATION		
Same as Parent/Guardian		
Name:		
Phone:	Relationship:	
PHYSICIAN & INSURANCE INFORMATION		
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, words, and biographical information 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 contact information for communicating with me about Special Olympics.
 - 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.
 - **Privacy Policy.** Personal information may be used and shared consistent with this form and as further explained in the Special Olympics privacy policy at www.SpecialOlympics.org/Privacy-Policy.

Athlete Name:	E-mail:
ATHLETE SIGNATURE (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.	
Athlete Signature:	Date:
PARENT/GUARDIAN SIGNATURE (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.	
Parent/Guardian Signature:	Date:
Printed Name:	Relationship:

**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: _____

Athlete Medical Form

Special Olympics



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

First name: _____ Last name: _____ Preferred name: _____
Date of birth (mm/dd/yyyy): ____/____/____ Gender: Female Male Other
Email: _____ Phone number: _____ Mobile Landline
Postal address: _____ Country: _____

Emergency Contact -

First name: _____ Last name: _____ Phone number: _____ Mobile Landline
Relationship to athlete: Parent/guardian Caregiver Family member Healthcare provider Coach Other

Qualifying and Associated Conditions - Check all that apply:

Associated Conditions	Autism	Cerebral Palsy	Down Syndrome	Epilepsy	Fragile X Syndrome
	Fetal Alcohol Syndrome	Spina Bifida	Marfan Syndrome	Other	None
Please specify other known intellectual disability diagnoses					

Assistive Devices and Accommodations - Do you use any of the following? (Check all that apply):

Mobility	Walker	Braces or crutches	Wheelchair	Prosthetics	Removable orthotics	None
Lifestyle Aids	CPAP	Colostomy	Dentures	Inhaler	Glasses, contact lenses, or protective eyewear	
	None					
Communications	Hearing aid	Communication devices		Sign language	None	
Medical Devices	Implantable cardioverter defibrillator (ICD)			Implantable device for seizure management		
	VP shunt	Spinal cord stimulator		Pacemaker	None	

List specific dietary requirements	
Other assistive devices and accommodations	

General Health Questions - Have you ever been diagnosed with or experienced any of the following?

High blood pressure	Yes	No	Heat illness	Yes	No
Cardiac condition	Yes	No	Coeliac disease	Yes	No
Diabetes	Yes	No	Enlarged spleen	Yes	No
Kidney disease	Yes	No	Hearing impairment	Yes	No
Bleeding disorder	Yes	No	Visual impairment	Yes	No
Anemia	Yes	No	Osteoporosis	Yes	No
Asthma	Yes	No	Non-verbal	Yes	No
Have you ever had a head injury or concussion?				Yes	No
Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?				Yes	No
Has any family member or relative died of heart problems or of sudden death before age 50?				Yes	No
Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?				Yes	No
Have you had COVID-19? (Optional)				Yes	No
Have you been immunized for COVID-19? (Optional)				Yes	No

Do you have an allergy to any of the following?	Dust	Food	Insects	Animals	Plants	Grasses
	Pollen	Drugs or medicine		Latex	Other	None
Please specify allergies						

Have you had any surgeries?	Yes	No	If yes, please list all:
Did you ever have an abnormal Electrocardiogram (EKG) or Echocardiogram (ECHO)?	Yes	No	If yes, please specify:
Has a doctor ever limited your participation in sports?	Yes	No	If yes, please specify:
Do you have epilepsy or any type of seizure disorder?	Yes	No	If yes, please specify:
Have you had any broken bones or dislocated joints?	Yes	No	If yes, please specify:
Do you have liver disease?	Yes	No	If yes, please specify:
Do you have lung disease?	Yes	No	If yes, please specify:
Do you have heart disease?	Yes	No	If yes, please specify:
Do you have behavioral, mental health, and/or sensory conditions?	Yes	No	If yes, please specify:

Medication and Treatment - Please list:

Are you taking any prescription or over-the-counter medications or treatments? (Including birth control pills, insulin, multivitamins, allergy shots or pills, asthma inhalers, epilepsy medication, anti-inflammatory medication, supplements of any kind, etc.) Please list:

Medication, Vitamin,
or Supplement Name

Dosage

Times per
day

Medication, Vitamin,
or Supplement Name

Dosage

Times per
day

Eligibility to participate

Every person with an intellectual disability who is at least eight years of age is eligible to participate in Special Olympics. A person is considered to have an intellectual disability for purposes of determining his or her eligibility to participate in Special Olympics if that person satisfies any one of the following requirements: (1) The person has been identified by an agency or professional as having an intellectual disability as determined by their localities; or (2) The person has a cognitive delay, as determined by standardized measures such as intelligent quotient or "IQ" testing or other measures which are generally accepted within the professional community in that Accredited Program's nation as being a reliable measurement of the existence of a cognitive delay; or (3) The person has a closely related developmental disability. A "closely related developmental disability" means having functional limitations in both general learning (such as IQ) and in adaptive skills (such as in recreation, work, independent living, self-direction, or self-care). However, persons whose functional limitations are based solely on a physical, behavioral, or emotional disability, or a specific learning or sensory disability, are not eligible to participate as Special Olympics athletes, but may be eligible to volunteer for Special Olympics.

Today's date (mm/dd/yyyy): ____/____/____

Signature of person completing the form: _____

Is this form being completed by someone other than the athlete? Yes No

If form is being completed by someone other than the athlete, please select the relationship to athlete.

Relationship to athlete: Parent/guardian Caregiver Family member Healthcare provider Coach Other

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..

Parent/Guardian Signature

Date

Head of Delegation Signature

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.

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:
