

U.S. Athlete Registration Form

Required for all athletes participating in Special Olympics.

Special Olympics



Local Special Olympics Program: _____

Athlete Information - To be completed by the athlete or parent/guardian/caregiver.

First name: _____ Last name: _____ Middle name: _____

Date of birth (mm/dd/yyyy): ____/____/____ Gender: Female Male Other

Email: _____ Phone number: _____ Mobile Landline

Home address: _____

Optional – Check all that apply:

Race / Ethnicity	American Indian / Alaskan Native Black / African American Middle Eastern / North African White / Caucasian Other: _____	Asian American Hispanic / Latino Native Hawaiian / Other Pacific Islander Unknown Prefer not to answer
Language(s) Spoken by Athlete	English French Spanish Other (please list): _____	American Sign Language (ASL)

Parent/Guardian Information - Required if minor or otherwise has a legal guardian.

First Name: _____ Last Name: _____ Relationship to athlete: _____

Email: _____ Phone number: _____ Mobile Landline

Home address: _____

Emergency Contact

Same as Parent/Guardian

First name: _____ Last name: _____ Phone number: _____ Mobile Landline

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

Associated Conditions - Mandatory

Associated Conditions	Autism Marfan Syndrome Other	Cerebral Palsy Spina Bifida Unknown	Down Syndrome Epilepsy	Fetal Alcohol Syndrome Fragile X Syndrome
Check all that apply:				
Please specify other known intellectual disability diagnoses:				

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

Mobility	Walker Prosthetics	Braces or crutches None	Wheelchair	Removable orthotics
Lifestyle Aids	CPAP None	Dentures	Glasses, contact lenses, or protective eyewear	
Communications	Hearing Aid	Communication devices	Sign Language	None
Medical Devices	Implantable cardioverter defibrillator (ICD) VP Shunt	Pacemaker	Implantable device for seizure management None	

Do you have a specific dietary requirement?	Yes	No	If yes, please specify:
Do you use other assistive devices?	Yes	No	If yes, please specify:

General Health Questions

Do you have a heart condition?	Yes	No
Do you have asthma?	Yes	No
Do you have diabetes that requires you to take insulin?	Yes	No
Do you have a vision impairment?	Yes	No
Do you have a hearing impairment?	Yes	No
Do you have a bleeding disorder?	Yes	No
Has a doctor ever limited your participation in sports?	Yes	No
Do you have epilepsy or any type of seizure disorder?	Yes	No
Do you have sickle cell disease?	Yes	No

Have you ever had a concussion?	Yes	No	If yes, please specify how many in your lifetime: _____ Date of last one (mm/yyyy): _____
Do you have behavioral, mental health, and/or sensory conditions?	Yes	No	If yes, please specify:
Do you have severe allergies that requires the use of an EpiPen?	Yes	No	If yes, please specify if it is to any of the following: Insect stings Medication/drugs Food Latex Other (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, EpiPen, asthma inhalers, epilepsy medication, anti-inflammatory medication, supplements of any kind. etc.)

Yes No

If yes, please list:

Medication, Vitamin, or Supplement Name	Dosage	Times per day

Medication, Vitamin, or Supplement Name	Dosage	Times per day

Name of person completing the form: _____

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

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

If yes, please select the relationship to athlete:

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

Special Olympics encourages all participants to get a yearly physical examination.

WAIVERS, RELEASES, AND POLICIES

Please read the following information and check boxes fully before signing.

I agree to the following:

1. **Ability to Participate.** I am physically able to take part in Special Olympics activities, and will abide by all applicable rules, requirements and codes of conduct.
2. **Likeness Release.** I give permission to Special Olympics, Inc., Special Olympics games organizing committees, Special Olympics accredited Programs (collectively "Special Olympics"), as well as official Special Olympics supporters and partners that have authorization from Special Olympics, to use my likeness, photo, video, name, voice, words, biographical information and similar or related material (my "likeness") to promote Special Olympics and raise funds for Special Olympics. I understand that my likeness may be used in all forms of media in local or global campaigns – including those by supporters and partners of Special Olympics – but understand that my likeness will not be used to endorse commercial products or services. I understand that I will not be compensated for the use of my likeness.
3. **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.

I do not consent to blood transfusions.

(If either box is marked, an EMERGENCY MEDICAL CARE REFUSAL FORM must be completed.)

4. **Overnight Stay.** For some events, overnight accommodations may be required. If I have questions, I will contact my Special Olympics Program.
5. **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 have the right to decline Health programming treatment (which is different from sideline or emergency medical care) at any time."
6. **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 confidentially with (i) researchers such as universities and public health agencies 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 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.

SYMPTOMS FOR SPINAL CORD COMPRESSION and ATLANTOAXIAL INSTABILITY (For athlete with Down syndrome only)

If I (or the athlete) have been diagnosed with or experienced any of the following symptoms that have increased in severity over the past three years – difficulty controlling bowels or bladder; numbness or tingling in legs, arms, hands, or feet; weakness in arms, legs, hands or feet; burner/stinger/pinches nerve, pain in neck, back shoulders, arms, hands, buttocks, legs or feet; spasticity or paralysis – I must obtain a review and permission from a licensed medical practitioner to train and/or participate in Special Olympics activities.

WAIVER AND RELEASE OF LIABILITY / ASSUMPTION OF RISK / INDEMNIFICATION

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

1. While particular rules and personal discipline may reduce this risk, the risk of illness (including communicable diseases), injury (including concussion), disability, and death does exist;
2. If I observe 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 Special Olympics representative immediately; and,
3. **I understand the risks involved with participation in Special Olympics activities. I fully accept and assume all risks and all responsibility for losses, costs, and damages I may incur as a result of my participation. To the fullest extent of the law, I release and agree not to sue any Special Olympics organization, its directors, agents, volunteers, and employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable owners and lessors of premises on which any Special Olympics activity is occurring ("Releasees") related to any liabilities, claims, or losses on my account caused or alleged to be caused in whole or in part by the Releasees even if arising from the negligence of the Releasees. I have read this release of liability and assumption of risk provision, fully understand its terms, acknowledge that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement. I further agree that if, despite this release, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify and hold harmless each of the Releasees from any such liabilities, claims, or losses as the result of such claim. I agree that if any part of this form is held to be invalid, the other parts shall continue in full force and effect.**

Athlete Name: _____

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 (mm/dd/yyyy): ____/____/____

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 (mm/dd/yyyy): ____/____/____

Printed Name: _____

Relationship: _____

EVALUATION AND RESEARCH (Optional)

Special Olympics wants to help our athletes and their families stay healthy and happy. We may take part in research studies and would share information for your potential participation. All studies will be checked by the Special Olympics Chief Health Officer.

Would you or your family be interested in learning about research studies?

Yes

No



EMERGENCY MEDICAL CARE REFUSAL FORM – ATHLETE COMPLETION

(To be completed by adult athlete with capacity to sign legal documents)

Instructions: Only complete this form if you do not consent to emergency medical care on religious or other grounds and have marked a box under the Emergency Care provision on the Athlete Release Form.

I am a Special Olympics athlete with capacity to sign documents on my own behalf and agree to the following:

1. **No Consent to Emergency Medical Care.** I understand that Special Olympics' standard registration form requires athletes or their parents or guardians to consent to emergency medical care for the athlete if needed in an emergency. Based on religious beliefs or other reasons I am not consenting to emergency medical care.

YOU MUST MARK THE BOX AND WRITE YOUR INITIALS NEXT TO ONE STATEMENT TO CONFIRM YOUR INTENT:

- ☐ **I DO NOT CONSENT TO ANY KIND OF MEDICAL TREATMENT, EVEN IN A LIFE-THREATENING EMERGENCY. INITIALS: _____**
- ☐ **I DO NOT CONSENT TO BLOOD TRANSFUSIONS, EVEN IN A LIFE-THREATENING EMERGENCY. I CONSENT TO ALL OTHER KINDS OF EMERGENCY MEDICAL CARE. INITIALS: _____**
2. **Printed Instructions.** I agree to carry printed instructions that describe my religious or other objections to medical treatment and how I wish the person accompanying me to respond if I get sick or hurt and cannot speak for myself. I agree to carry these printed instructions with me at all times during my participation in any Special Olympics activity, including during meal times, in overnight accommodations, at training sessions and competitions, and during travel to and from Special Olympics activities.
 3. **Friend or Family Accompaniment.** I understand that I must be accompanied by an adult friend or family member in order for that person can take personal responsibility for me during a medical emergency where I am unable to speak for myself.
 4. **Emergency Medical Care If Athlete Is Not Accompanied.** I understand that, if I am not carrying the printed instructions **or** the accompanying adult is not present and actively taking personal responsibility for me during a medical emergency where I am unable to speak for myself, Special Olympics may seek emergency medical care for me as recommended by medical professionals responding to the emergency.
 5. **Liability Release.** I release Special Olympics, its employees, and its volunteers from all claims that may arise out of taking or failing to take measures to provide me with emergency medical care. I am agreeing to this release because I have refused, knowingly and voluntarily, to give Special Olympics permission to take emergency measures, and I am expressly withholding consent to emergency medical care on religious or other grounds. For this form, "Special Olympics" means all Special Olympics organizations.

Athlete Name:	E-mail:
ATHLETE SIGNATURE	
I have read and understand this form. If I have questions, I will ask. By signing, I agree to this form.	
Athlete Signature:	Date:
SIGNATURE OF ACCOMPANYING ADULT	
By signing, I agree to accompany the athlete during Special Olympics activities and take personal responsibility for the athlete during an emergency. I understand the extent to which the athlete does not consent to emergency medical care and agree to act in accordance with the athlete's wishes as I understand them.	
Signature of Accompanying Adult:	Date:
Printed Name:	Relationship:



EMERGENCY MEDICAL CARE REFUSAL FORM – PARENT OR GUARDIAN COMPLETION

(To be completed by parent or guardian of athlete who is a minor or lacks capacity to sign legal documents)

Instructions: Only complete this form if you do not consent to emergency medical care on religious or other grounds and have marked a box under the Emergency Care provision on the Athlete Release Form.

I am the parent/guardian of the athlete named below and agree to the following:

1. **No Consent to Emergency Medical Care.** I understand that Special Olympics' standard registration form requires athletes or their parents or guardians to consent to emergency medical care for the athlete if needed in an emergency. Based on religious beliefs or other reasons I am not consenting to emergency medical care as follows.

YOU MUST MARK THE BOX AND WRITE YOUR INITIALS NEXT TO ONE STATEMENT TO CONFIRM YOUR INTENT:

- ☐ **I DO NOT CONSENT TO ANY KIND OF MEDICAL TREATMENT, EVEN IN A LIFE-THREATENING EMERGENCY. INITIALS:** _____
- ☐ **I DO NOT CONSENT TO BLOOD TRANSFUSIONS, EVEN IN A LIFE-THREATENING EMERGENCY. I CONSENT TO ALL OTHER KINDS OF EMERGENCY MEDICAL CARE. INITIALS:** _____
2. **Accompaniment of Athlete.** I understand that I must be present in order to take personal responsibility for the athlete if any medical treatment is to be refused on the athlete's behalf in a medical emergency arises. This includes during meal times, in overnight accommodations, at training sessions and competitions, and during travel to and from Special Olympics activities.
 3. **Emergency Medical Care If Athlete Is Not Accompanied.** I understand that, if I am not present and actively taking personal responsibility for the athlete during a medical emergency, Special Olympics may seek emergency medical care for the athlete as recommended by medical professionals responding to the emergency.
 4. **Liability Release.** On behalf of myself and the athlete, I release Special Olympics, its employees, and its volunteers from all claims that may arise out of taking or failing to take measures to provide the athlete with emergency medical care. I am agreeing to this release because I have refused, knowingly and voluntarily, to give Special Olympics permission to take emergency measures, and I am expressly withholding consent to emergency medical care on religious or other grounds. For this form, "Special Olympics" means all Special Olympics organizations.

Athlete Name:	E-mail:
PARENT/GUARDIAN SIGNATURE	
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. This release shall be binding upon me, the athlete and our respective heirs and legal representatives.	
Parent/Guardian Signature:	Date:
Printed Name:	Relationship:

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

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 Special Programs would like to post pictures of the EMSISD Trailblazers' team on their Social Media pages(Facebook/Twitter).

Athlete's Name (please print neatly):

School attending:

Grade:

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

Please check the appropriate box below:

() **I DO** give permission to allow my child's image on the
Special Programs social media pages.

() **I DO NOT** give permission for my child's image to appear on any
Special Programs social media pages.

Signature of Parent/Guardian:

Date:
