

ATHLETE REGISTRATION FORM

Special Olympics



National 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 (dd/mm/yyyy):		Female	Male
Race/Ethnicity (Optional):			
Language(s) Spoken in Athlete's Home (Optional):			
Street Address:			City:
State/Province:		Country:	Postal Code:
Phone:		E-mail:	
Sports/Activities:			
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/Province:		Country:	Postal Code:
Phone:		E-mail:	
EMERGENCY CONTACT INFORMATION			
Same as Parent/Guardian			
Name:			
Phone:		Relationship:	
PHYSICIAN INFORMATION			
Physician Name:			
Physician Phone:			

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"). The organization responsible for protecting my personal information under data protection laws is my national Special Olympics Program (contact info at www.SpecialOlympics.org/Programs).
 - I understand Special Olympics is 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.
 - I understand Special Olympics may disclose my personal information with (i) medical professionals in an emergency, and (ii) 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.
 - My personal information will only be stored as long as it is needed for purposes described in this form.
 - 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, delete and restrict the processing of my personal information. I also have a right to have my personal information sent to another organization on my request. I have the right to file a complaint with a local data protection authority.
 - *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.

Athlete Name:	E-mail:
I consent to Special Olympics (please mark): Creating a personal profile of me for communications and marketing purposes, including sending me direct digital marketing communications through email, SMS, social media, and other channels. Sharing my personal information confidentially with researchers, such as universities or public health agencies, who are studying intellectual disabilities and the impact of Special Olympics activities.	
ATHLETE SIGNATURE (required for adult athlete with capacity to sign legal documents)	
I have read and understand this form. I have the right to withdraw any consent given under this form with effect to the future. If I have any questions regarding this form, I may contact my national Special Olympics Program (contact info at www.SpecialOlympics.org/Programs). 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. I have the right to withdraw any consent given under this form with effect to the future. If I have any questions regarding this form, I may contact my national Special Olympics Program (contact info at www.SpecialOlympics.org/Programs). By signing, I agree to this form on my own behalf and on behalf of the athlete.	
Parent/Guardian Signature:	Date:
Printed Name:	Relationship:

ATHLETE LIKENESS RELEASE FOR SPONSORS (OPTIONAL)

Special Olympics



Special Olympics relies on sponsors and partners to help support our mission. We often use photos, videos and stories of our athletes to show the impact of support by companies that sponsor Special Olympics. If you wish to allow your likeness to be used in this way, please read and sign below.

I agree to the following:

- I give permission to Special Olympics, Inc., Special Olympics games organizing committees, and Special Olympics accredited Programs (collectively “Special Olympics”) and their sponsors and partners to use my likeness, photo, video, name, voice, and words (“my likeness”) to acknowledge the sponsors’ and partners’ support for Special Olympics.
- Special Olympics and its sponsors and partners will not use my Likeness to endorse commercial products or services.
- I understand I will not be compensated for the use of my Likeness.

Athlete Name:	E-mail:
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