

# YOUNG ATHLETES REGISTRATION



National Special Olympics Program: \_\_\_\_\_

Are you new to Special Olympics or re-registering?  New  Re-Registering

YOUNG ATHLETE INFORMATION			
First Name:		Last Name:	
Date of Birth:		<input type="checkbox"/> Female <input type="checkbox"/> Male	
Has an Intellectual or Developmental Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Race/Ethnicity (Optional):			
Language(s) Spoken in Young Athlete's Home (Optional):			
Shirt Size: <input type="checkbox"/> Youth Small <input type="checkbox"/> Youth Medium <input type="checkbox"/> Youth Large			
<input type="checkbox"/> Requires Wheelchair Accessible Locations			
<input type="checkbox"/> Language Needs:			
<input type="checkbox"/> Medical Conditions:			
<input type="checkbox"/> Special Diet:			
<input type="checkbox"/> Other:			
PARENT / GUARDIAN INFORMATION			
Name:			
Relationship:			
Address:			City:
State/Province:	Country:		Postal Code:
Phone:	E-mail:		
EMERGENCY CONTACT INFORMATION			
<input type="checkbox"/> Same as Guardian/Parent			
Name:			
Phone:		Relationship:	

# YOUNG ATHLETES RELEASE FORM



I am the Parent or Guardian of the Young Athletes participant named below and agree to the following:

1. **Able to Participate.** The Young Athlete is physically able to take part in Special Olympics.
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 the Young Athlete's 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 participate with or after a concussion or other injury. The Young Athlete may have to get medical care if there is a suspected concussion or other injury. The Young Athlete also may have to wait 7 days or more and get permission from a doctor before playing sports again.
4. **Emergency Care.** If a parent or guardian is unavailable to consent or make medical decisions in an emergency, I authorize Special Olympics to seek medical care for the Young Athlete, 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. **Health Programs.** If the Young Athlete takes part in a Special Olympics health program, I consent to health activities, exams, and treatment for the Young Athlete. This should not replace regular health care. I can say no to treatment or anything else any time for the Young Athlete.
6. **Personal Information.** I understand that Special Olympics will be collecting the Young Athlete's personal information as part of participation, including name, image, address, telephone number, health information, and other personally identifying and health related information provided to Special Olympics ("personal information"). The organization responsible for protecting this personal information under data protection laws is my national Special Olympics Program (contact info at [www.SpecialOlympics.org/Programs](http://www.SpecialOlympics.org/Programs)).
  - I understand Special Olympics is using the personal information in order to: make sure the Young Athlete is eligible and can participate safely; run trainings and events; share competition results (including on the Web and in news media); provide health treatment if the Young Athlete participates 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 personal information with (i) medical professionals in an emergency, and (ii) government authorities for the purpose of assisting 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 the 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.
  - The Young Athlete's 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 the Young Athlete's personal information or to be informed about the personal information that is processed about the Young Athlete. I have the right to ask to correct, delete and restrict the processing of the personal information. I also have a right to have the Young Athlete's 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](http://www.SpecialOlympics.org/Privacy_Policy.aspx).

<b>Young Athlete Name:</b>	
<b>I consent to Special Olympics (please mark):</b> <input type="checkbox"/> <b>Creating a personal profile for communications and marketing purposes, including sending me direct digital marketing communications through email, SMS, social media, and other channels.</b> <input type="checkbox"/> <b>Sharing the personal information confidentially with researchers, such as universities or public health agencies, who are studying intellectual disabilities and the impact of Special Olympics activities.</b>	
<b>PARENT/GUARDIAN SIGNATURE</b>	
<b>I am a parent or guardian of the Young Athlete. 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 <a href="http://www.SpecialOlympics.org/Programs">www.SpecialOlympics.org/Programs</a>). By signing, I agree to this form on my own behalf and on behalf of the Young Athlete.</b>	
<b>Parent/Guardian Signature:</b>	<b>Date:</b>
<b>Printed Name:</b>	<b>Relationship:</b>

# YOUNG ATHLETES LIKENESS RELEASE FOR SPONSORS (OPTIONAL)



**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 the Young Athlete’s 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 the Young Athlete’s likeness, photo, video, name, voice, and words (“Likeness”) to acknowledge the sponsors’ and partners’ support for Special Olympics.
- Special Olympics and its sponsors and partners will not use the Young Athlete’s Likeness to endorse commercial products or services.
- I understand neither the Young Athlete nor I will not be compensated for the use of the Young Athlete’s Likeness.

<b>Young Athlete Name:</b>	
<b>PARENT/GUARDIAN SIGNATURE</b>	
<b>I am a parent or guardian of the Young Athlete. I have read and understand this form. By signing, I agree to this form on my own behalf and on behalf of the Young Athlete.</b>	
<b>Parent/Guardian Signature:</b>	<b>Date:</b>
<b>Printed Name:</b>	<b>Relationship:</b>