

YOUNG ATHLETES REGISTRATION



School or Program Name: _____

YOUNG ATHLETES PARTICIPANT INFORMATION

Name _____ Date of Birth _____

| | | |
|--|--|---|
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Has an Intellectual or Developmental Disability <input type="checkbox"/> Yes <input type="checkbox"/> No | T-Shirt Size <input type="checkbox"/> Youth Small <input type="checkbox"/> Youth Medium <input type="checkbox"/> Youth Large |
|--|--|---|

Please mark items you would like Special Olympics to know about:

- Requires Wheelchair Accessible Locations Language Needs _____
- Medical Conditions _____ Special Diet: _____
- Other _____

PARENT/GUARDIAN INFORMATION

Name _____ Relationship _____

Street Address _____

City _____ State/Province _____ Postal Code _____

Email _____ Phone _____

EMERGENCY CONTACT INFORMATION (other than Parent/Guardian; Parent/Guardian will be contact first in an emergency)

Contact Name _____ Relationship _____ Phone _____

YOUNG ATHLETES RELEASE FORM

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

- Able to Participate.** The Young Athlete is able to take part in Special Olympics. I understand there is a risk of injury.
- Photo Release.** Special Olympics organizations may use the Young Athlete's picture, video, name, voice, and words to promote Special Olympics.

Likeness Release

I give permission to Special Olympics organizations and the School named below to use and allow others to use the picture, video, name, voice, and words (the "Likeness") of the Young Athlete named below for the purpose of promoting Special Olympics and Special Olympics Young Athletes activities.

I understand that I and the Young Athlete will receive no compensation for the use of the Likeness. I understand that neither Special Olympics nor the School has an obligation to use the Likeness. I waive all claims against Special Olympics and the School and their licensees relating to the use of the Likeness.

I, the undersigned, am the parent, legal guardian, or personal representative of the Young Athlete named below, and I am fully authorized to enter into this document. I hereby release and agree to indemnify the licensed parties and their respective successors and assigns from and against any and all liability arising out of the exercise of the rights granted herein.

Likeness Release cont.

Young Athlete Name: _____

School: _____

Signature: _____ Date: _____

Print Name: _____ Relationship: _____

I do not give my permission to use the "likeness" of the athlete stated above

3. **Emergency Care.** If a medical emergency should arise during the Young Athlete's participation in Special Olympics activities at a time when a parent or guardian is not present to make medical decisions, **I consent to medical care for the Young Athlete if needed, unless I check one of these boxes:**

- I have a religious or other objection to the Young Athlete receiving medical treatment.
- I consent to emergency medical care, but I do not consent to blood transfusions for the Young Athlete.

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

4. **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 at any time for the Young Athlete.

5. **Personal Information.** I understand personal information may be used and shared by Special Olympics to:

- Make sure the Young Athlete can participate safely;
- Run trainings and events and share results;
- Put the Young Athlete's information in a computer system;
- Provide health treatment, make referrals, consult doctors, and remind me about follow-up services;
- Research, share, and respond to needs of Special Olympics participants (identifying information removed if shared publically); and
- Protect health and safety, respond to government requests, and report information required by law.

I can ask to see and change the Young Athlete's information. I can ask to limit how the information is used.

Concussions. I understand the risk of concussions and continuing to play sports with a concussion. The Young Athlete may have to get medical care if a concussion is suspected. The Young Athlete also may have to wait 7 days or more and get permission from a doctor before they start playing sports again.

PARENT/GUARDIAN SIGNATURE

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.

Parent/Guardian

Signature _____ Date _____

Printed Name: _____ Relationship _____