



SPECIAL OLYMPICS BRITISH COLUMBIA ATHLETE REGISTRATION FORM

DATE		SOBC LOCAL	
FIRST NAME		MIDDLE NAME /INITIAL	LAST NAME
HOME ADDRESS AND CONTACT INFORMATION	<i>Street Name & No.</i>		
	<i>City</i>	<i>Province</i>	<i>Postal Code</i>
	<i>Home Phone #</i>	<i>Home Fax #</i>	
	<i>E-mail address</i>	<i>Cell Phone #</i>	
	<i>Mailing Address, if different from above, i.e., Box Number, RR Number</i>		
	<i>City</i>	<i>Province</i>	<i>Postal Code</i>
PRIMARY EMERGENCY CONTACT	<i>Name</i>	<i>Relationship</i>	
	<i>Day Phone #</i>	<i>Evening Phone #</i>	
ALTERNATE EMERGENCY CONTACT	<i>Name</i>	<i>Relationship</i>	
	<i>Day Phone #</i>	<i>Evening Phone #</i>	
GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female	FIRST NATIONS	<input type="checkbox"/> Yes <input type="checkbox"/> No
		DATE OF BIRTH	<i>Month Day Year</i>
CARE CARD #			
CRIMINAL RECORD	Do you have a criminal record of any kind, or have you ever been <i>charged with a criminal offence</i>? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate the nature of the offence: _____		
PARENT/ GUARDIAN INFORMATION	<i>First Name</i>	<i>Last Name</i>	
	<i>Address (if different from the athlete)</i>		
	<i>City</i>	<i>Province</i>	<i>Postal Code</i>
	<i>Day Phone #</i>	<i>Evening Phone #</i>	<i>E-mail address</i>
LIVING SITUATION	<input type="checkbox"/> Parental <input type="checkbox"/> Non-parental Family <input type="checkbox"/> Foster Parents/Caregiver/Guardian <input type="checkbox"/> Independent <input type="checkbox"/> Group Home <input type="checkbox"/> Supported Independent Living <input type="checkbox"/> Prefer not to say		
	<i>Name of Group Home</i>	<i>Group Home Phone #</i>	
	<i>Name of Support Worker</i>	<i>Support Worker Phone #</i>	
SEE REVERSE SIDE			

**BC SPECIAL OLYMPICS – VICTORIA – LOCAL 6C
ATHLETE MEDICAL PROGRAM YEAR: _____**

Sex (M or F): _____ Yr First Registered: _____

First Name: _____ Last Name: _____ Birthdate: _____ Month: _____ Day: _____ Year: _____

Address: _____ Home Phone: _____

City: _____ BC Email: _____

Postal Code: _____ Date Registered: _____

Sports: 5 Pin Bowl T: Snowshoeing: RGym L: RGym S: Speed Skating: Alpine Skiing: Nordic Skiing:
Fig. Skating: Floor Hockey: Curling: Swimming: Athletic Club: Tball: Softball: Soccer: Track/Field: Golf:
FUNdamentals Fall: FUNdamentals Spring: 10 Pin Bowl:

Emergency Contact

Contact 1: _____ Email _____ Telephone: _____

Contact 2: _____ Telephone: _____

Relationship to Athlete: Parent : Guardian : Spouse : Sibling: Grandparents: Caregiver:

Medical Information.

Medical Card No.: _____

Doctor's Name: _____ Telephone No.: _____

Down Syndrome Y: N: Atlantoaxial X-ray Date: Positive: Negative:

Diabetic: Y: N: Treatment Diet: Pill: Injection: Schedule:

Tetanus shot Y: N: Within 5 years: Within 10 years:

Seizures: Y: N: Type: Frequency:

Treatment:

Medication (must be updated prior to any trips):

Name & dosage:	Self Administered	Y:	N:
Name & dosage1:	Time/s:		
Name & dosage2:	Time/s1:		
Name & dosage3:	Time/s2:		
Name & dosage4:	Time/s3:		
Name & dosage5:	Time/s4:		
Name & dosage6:	Time/s5:		
Name & dosage7:	Time/s6:		
Name & dosage8:	Time/s7:		
Name & dosage9:	Time/s8:		
	Time/s9:		

Does the athlete have or use any of the following:

Glasses: Hearing aid: Dentures: Contact lenses: Other:

Medical history: Asthma: Cerebral palsy: Heart: Major surgery: Other:

Allergies: Food: Medication: Stings: Other:

Comments which would enhance the athlete's participation in program events and travel.

a:

b:

c:

Release: I, the undersigned athlete, parent, or caregiver release, discharge & indemnify Canadian Special Olympics Inc. from all liability for injury to person or damage to property of myself. Any reference to Canadian Special Olympics Inc. includes & applies equally to the Provincial and local chapters. Permission is also granted for the medications described above to be given to the above individual.

X _____ Date: _____
SIGNATURE OF ATHLETE/PARENT/GUARDIAN NAME OF PERSON COMPLETING THIS FORM

X
Incident – describe incident on back of sheet and give this sheet to the emergency responders

Program Participation Fee/ Registration Receipt

*****Please Fill Out Carefully*****

Athlete Name: _____

Athlete E-mail _____

Caregiver E-mail _____

	Cost per sport	Total Cost
BASE REGISTRATION		\$ 45.00
5 Pin Bowling Maximum 2 games.	\$ 70.00	
**Speed Skating (+Generic Skate Club Fee-approx \$135)	\$ 15.00	
**Figure Skating (+Generic Skate Club Fee-approx \$80)	\$ 15.00	
Swimming AQUAFIT/AQUAFAST	\$ 35.00	
*Rhythmic Gymnastics- Short program	\$ 25.00	
*Rhythmic Gymnastics - Long Program (+ \$10 club fee)	\$ 35.00	
*Curling	\$ 20.00	
*Floor Hockey	\$ 20.00	
Snowshoe	\$ 20.00	
*Nordic Skiing	\$ 20.00	
*Alpine Skiing	\$ 20.00	
Track and Field	\$ 15.00	
*Softball	\$ 20.00	
T-ball	\$ 20.00	
*Soccer	\$ 15.00	
Athletic Club	\$ 20.00	
Golf-Lessons & One Round of Golf	\$ 70.00	
10 Pin Bowling Maximum 2 games	\$ 70.00	
FUNDamentals Fall Session - 12 weeks	\$ 20.00	
FUNDamentals Spring Session - 12 weeks	\$ 20.00	
Total cost to athlete including Base Registration		

Payment received by: _____

Date: _____

* Athletes must provide their own personal sport specific equipment.
Check with Head Coaches

** Generic Club Fees Will Be Paid Directly to the Club.

** Skating requires appropriate skates

Athlete's Code of Conduct

BC Special Olympics athletes are the most visible and important members of our organization and are required to conduct themselves in a manner that reflects the beliefs and philosophy of Special Olympics BC. Special Olympics BC athletes are required to:

Fulfill the responsibilities and expectations of being a Special Olympics BC athlete:

- Make a commitment to sport training and follow through with that commitment.
- Dedicate yourself to improving, both as an athlete and as a person.
- Follow the policies and procedures of Special Olympics BC.

Set an example for other athletes:

- Refrain from drinking or using profanity during Special Olympics programs or events.
- Avoid any behaviour that may be misunderstood or misinterpreted by other athletes.
- Maintain self-control at all times.
- Treat everyone fairly within the context of the activity, regardless of gender, place of origin, colour, sexual orientation, religion, political belief, or economic status.
- Be helpful to and supportive of everyone associated with Special Olympics.

Demonstrate good sportsmanship and cooperation:

- Ensure that the Special Olympics Athlete's Oath guides your actions.
- Respect the rules and support the decisions of all sport officials and committees.
- Be respectful during ceremonies and help other athletes be the same.
- Praise other athletes for their efforts and encourage them to celebrate the successes of others.
- Support and encourage Special Olympics volunteers and staff.

Athlete's Signature

Date