



SPECIAL OLYMPICS BRITISH COLUMBIA

ATHLETE REGISTRATION FORM

DATE			<i>Numerical Identifier – Office Use Only</i>		
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	ABORIGINAL	<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 convicted of a criminal offence? <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

SPECIAL OLYMPICS BC ATHLETE REGISTRATION FORM, PAGE 2

FIRST NAME		LAST NAME	
MEDICAL INFORMATION	DOWN SYNDROME <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i> <i>If yes, please complete information below.</i>		
	DATE OF LAST ATLANTO-AXIAL DISLOCATION X-RAY : <i>Month</i> <i>Day</i> <i>Year</i>		
	WAS THE X-RAY NEGATIVE OR POSITIVE?		<input type="checkbox"/> <i>Negative</i> <input type="checkbox"/> <i>Positive</i>
SPORTS CURRENTLY INVOLVED IN	<input type="checkbox"/> Active Start	<input type="checkbox"/> Bowling, 5-Pin	<input type="checkbox"/> Rhythmic Gym. <input type="checkbox"/> Soccer
	<input type="checkbox"/> Athletics (T&F)	<input type="checkbox"/> Curling	<input type="checkbox"/> Skating, Figure <input type="checkbox"/> Softball
	<input type="checkbox"/> Athletic Club	<input type="checkbox"/> Floor Hockey	<input type="checkbox"/> Skating, Speed <input type="checkbox"/> Swimming
	<input type="checkbox"/> Basketball	<input type="checkbox"/> FUNdamentals	<input type="checkbox"/> Skiing, Alpine
	<input type="checkbox"/> Bocce	<input type="checkbox"/> Golf	<input type="checkbox"/> Skiing, Cross-Country
	<input type="checkbox"/> Bowling, 10-Pin	<input type="checkbox"/> Powerlifting	<input type="checkbox"/> Snowshoeing

Provincial Privacy Policy

Special Olympics BC adheres to all legislative requirements with respect to protecting your personal information. We will not rent, sell, or trade your personal information. Information provided will be used for communication purposes to deliver programs, services, special events, funding activities, and more. To view the Special Olympics BC privacy policy in detail, please visit <http://www.specialolympics.bc.ca/privacy>.

Provincial Waiver or Release

I, the undersigned athlete (parent/caregiver/legal guardian), hereby request permission to participate in Special Olympics programs. I agree to abide by Special Olympics rules, policies, procedures, philosophies, and codes of conduct. I represent and warrant that I am physically and mentally able to participate in Special Olympics programs, competitions, and activities. I acknowledge that I will be using facilities and programs at my own risk and I hereby release, discharge, and indemnify Special Olympics British Columbia Society and Special Olympics Canada Inc., and the directors, officers, volunteers, and staff of these organizations from all liability for injury to person or damage to property both now and in the future. In participating in Special Olympics activities, I am specifically granting permission to use my likeness, voice, and words in television, radio, film, newspaper, magazine, internet, and other media, and in any form not heretofore described for the purpose of advertising or communicating the purposes or activities of Special Olympics and in appealing for funds to support such activities. If I am unable to be consulted in case of any emergency or necessity, Special Olympics and its agents are authorized on my behalf and for my account to take such measures and arrange for such medical and hospital treatment as may be deemed advisable for my health and well-being. Any and all references to Special Olympics include and apply equally to Special Olympics Inc., Special Olympics Canada Inc., and Special Olympics British Columbia Society. I understand that any misrepresentation or omission of information on my part is cause for refusal or dismissal as an athlete with Special Olympics. I affirm that I have read the above and that the information I have given is true and complete.

Athlete _____
Signature *Print Name*

Date

Athletes under the age of 19 must have parent/caregiver/legal guardian sign this release on their behalf.

Parent/Caregiver/Guardian _____
Signature *Print Name*

Parent/Caregiver/Guardian _____
Phone Number *Date*



To be completed by Local:

This registration has been received and verified by Local # _____

Initials

**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 bowling M: _____ 5 pin bowling T: _____ Snowshoeing: _____ Rhythmic Gym: _____ Speed Skating: _____ Alpine Skiing: _____ Nordic Skiing: _____
Fig. Skating: _____ Floor Hockey: _____ Curling: _____ Swimming: _____ Athletic Club: _____ Tball: _____ Softball: _____ Soccer: _____ Track/Field _____ Golf: _____

Emergency Contact

Contact 1: _____ Telephone: _____
Contact 2: _____ Telephone: _____
Relationship to Athlete: _____ Parent 1: _____ Guardian 1: _____ Spouse 1: _____ Sibling 1: _____ 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

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

Program Participation Fee/ Registration Receipt

Athlete Name: _____

	Cost per sport	Total Cost for Selected Sports
BASE REGISTRATION		\$ 40.00
5 Pin Bowling (Sidney)	\$ 60.00	
*Speed Skating (+Generic Skate Club Fee)	\$ 15.00	
*Figure Skating (+Generic Skate Club Fee)	\$ 15.00	
Swimming AQUAFIT/AQUAFAST	\$ 25.00	
Rhythmic Gymnastics -To End Of Feb	\$ 20.00	
Rhythmic Gymnastics -To End Of April	\$ 30.00	
*Curling	\$ 15.00	
*Floor Hockey	\$ 15.00	
Snowshoe	\$ 15.00	
*Nordic Skiing	\$ 15.00	
*Alpine Skiing	\$ 15.00	
Track	\$ 15.00	
*Softball	\$ 15.00	
T-ball	\$ 15.00	
*Soccer	\$ 15.00	
'Getting Ready' Athletic Club	\$ 15.00	
Golf	\$ 40.00	
Total cost to athlete including Base Registration		

Payment received by: _____

Date: _____

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

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