



To Athletes, Families & Caregivers:

Enclosed is a registration package for the 2018/2019 Season. This package should be completed by New Athletes or Athletes who were not registered this past year.

To Register by Email:

Complete the following four forms and email to the Athlete Registrar at athleteregistrar@gmail.com

1. Special Olympics BC – Registration Form (NOTE: this form must have an original signature)
2. Special Olympics BC – Victoria, Athlete Medical Form
3. Special Olympics BC – Athlete’s Code of Conduct
4. Registration & Sports Fees Form

****NOTE:** if you submit your registration by email you must still mail payment with a copy of the Registration and Sports Fees Form to:

Jo Osborne, Athlete Registrar
109 – 1441 Craigflower Road
Victoria, BC V9A 2Y9

To Register by Mail

Complete the following four forms and mail with payment to the Athlete Registrar at:

Jo Osborne, Athlete Registrar
109 – 1441 Craigflower Road
Victoria, BC V9A 2Y9

1. Special Olympics BC – Registration Form (NOTE: this form must have an original signature)
2. Special Olympics BC – Victoria, Athlete Medical Form
3. Special Olympics BC – Athlete’s Code of Conduct
4. Registration & Sports Fees Form

To Register in Person

There will be an in-Person Registration Night on:

Monday August 27th, 2018 - 6:30 – 7:30 p.m.
Community Living BC (3861 Cedar Hill Cross Road)

Although there will be blank forms available on Registration Night, we prefer if you are able to bring in completed forms.

Athlete Registrar – Contact Information

Jo Osborne, Athlete Registrar
109 – 1441 Craigflower Road
Victoria, BC V9A 2Y9
Phone: 250-385-4646
Email: athleteregistrar@gmail.com

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"/> <i>Male</i> <input type="checkbox"/> <i>Female</i>	FIRST NATIONS	<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>
			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</i> 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"/> <i>Parental</i> <input type="checkbox"/> <i>Non-parental Family</i> <input type="checkbox"/> <i>Foster Parents/Caregiver/Guardian</i> <input type="checkbox"/> <i>Independent</i> <input type="checkbox"/> <i>Group Home</i> <input type="checkbox"/> <i>Supported Independent Living</i> <input type="checkbox"/> <i>Prefer not to say</i>		
	<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"/> Yes <input type="checkbox"/> No <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"/> Negative <input type="checkbox"/> Positive		
SPORTS CURRENTLY INVOLVED IN	<input type="checkbox"/> Active Start	<input type="checkbox"/> Bowling, 5-Pin	<input type="checkbox"/> Rhythmic Gym.
	<input type="checkbox"/> Athletics (T&F)	<input type="checkbox"/> Curling	<input type="checkbox"/> Skating, Figure
	<input type="checkbox"/> Athletic Club	<input type="checkbox"/> Floor Hockey	<input type="checkbox"/> Skating, Speed
	<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.

Criminal Record Check and Vulnerable Sector Screening

I understand that I am required to immediately inform the CEO of Special Olympics BC of any charge or conviction for a criminal offence and that I may be required to withdraw until such time as my charge is dealt with. Should I be convicted of a criminal offence, a decision will be made as to my future eligibility to participate as an athlete with Special Olympics BC.

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*

Special Olympics BC – Victoria Local 6C 2018 - 2019 Athlete Medical Form

Athlete Registrar Use Only

Date Registration Received _____

Code of Conduct _____ Payment: _____

First Name: _____ Last Name: _____ Phone: _____

Address: _____ Cell: _____

City: _____ Postal Code: _____ Birth Date: M ____ - D ____ - Yr ____

E Mail Address: _____ Sex: M F

FALL	Shallow End Swim	FUNDamentals (U.Vic) 7-11 yrs	SPRING	Club Fit Performance
<input type="checkbox"/> 5 Pin Bowling	<input type="checkbox"/> Basketball	<input type="checkbox"/> Speed Skating	<input type="checkbox"/> Bocce	<input type="checkbox"/> Soccer
<input type="checkbox"/> 10 Pin Bowling	<input type="checkbox"/> Curling	Rhythm Gymnastics	<input type="checkbox"/> Golf	<input type="checkbox"/> T-Ball
<input type="checkbox"/> Learn to Skate	<input type="checkbox"/> Figure Skating	<input type="checkbox"/> Club Fit Performance	Active Start-2-6 yrs	<input type="checkbox"/> Softball
<input type="checkbox"/> Athletic Club	<input type="checkbox"/> Floor Hockey	<input type="checkbox"/> FUNDamentals (Doncaster) 7-11	<input type="checkbox"/> FUNdamentals (Spring) 7-11	<input type="checkbox"/> Track & Field

Emergency Contacts: (please provide two contacts)

Contact 1: _____ Contact 2: _____

Home Phone: _____ Cell: _____ Home Phone: _____ Cell: _____

Email Contact 1: _____

Relation: Parent Guardian Caregiver Other _____ Relation: Parent Guardian Caregiver Other _____

Medical Information and History:

Doctor: _____ Phone: _____ B.C. Care Card #: _____

Down Syndrome: Yes No If Yes Atlanto-Axial X-ray Date: _____ Positive Negative

Seizures: Yes No If Yes Type: _____ Frequency: _____ Treatment: _____

Diabetic: Yes No If yes treatment: Diet Pill Injection Schedule: _____

Tetanus Shot: Yes (within 5 yrs 10 yrs) No Asthma: Yes No Cerebral Palsy: Yes No Heart Condition: Yes No

Other Medical Conditions (please detail): _____

Allergies: Food _____ Drugs _____ Other _____

Does the Athlete have or use any of the following:

Glasses Hearing Aids Dentures Contact Lenses Other _____

Medication: Self Administered: Yes No *must be updated prior to any trips. If additional medications please attached a separate sheet

Name & Dosage _____ Time _____

Name & Dosage _____ Time _____

Name & Dosage _____ Time _____

Name & Dosage _____ Time _____

Name & Dosage _____ Time _____

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

I acknowledge that all the information given on this form is correct to the best of my knowledge and that I will notify the Athlete Registrar during the year if it changes.

Name of Person Completing this Form

Date

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.
-

Dress appropriately as an Athlete for all regular training sessions and competition

- Dress in athletic clothing including athletic footwear
- Do not wear jewellery or jeans

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 Name (Print)

Athlete Signature

Date

2018/2019 Registration & Sports Fee Form

Athlete Name: _____

Fees include an annual Base Registration Fee of \$45.00 plus individual sport fees. No athletes will be denied the opportunity to participate should the fees be unaffordable. If affordability is an issue please contact the Athlete Registrar to discuss payment options.

****NOTE:** all fees must be paid or alternate payment arrangements made with the Athlete Registrar prior to the start of your sport.

Cheques should be made payable to "Special Olympics BC – Victoria"

FALL SPORTS	Cost per Sport	Fees Paid
5 Pin Bowling <i>Maximum 2 games</i>	\$70.00	\$
10 Pin Bowling <i>Maximum 2 games</i>	\$100.00	\$
Active Start – (2 – 6 years)		
Athletic Club (12 years and older)	\$20.00	\$
Basketball	\$25.00	\$
Club Fit – Performance	\$25.00	\$
*Curling	\$25.00	\$
**Figure Skating (+Generic Club Fee - \$76)	\$15.00	\$
**Learn to Skate (+Generic Club Fee - \$76)	\$15.00	\$
*Floor Hockey	\$25.00	\$
FUNdamentals Monday (7 – 11 years)	\$20.00	\$
FUNdamentals Tuesday (7 – 11 years)	\$20.00	\$
Rhythmic Gymnastics	\$40.00	\$
**Speed Skating (+Generic Skate Club Fee – (\$205)	\$15.00	\$
Deep End Swimming	\$35.00	\$
Shallow End Swimming	\$35.00	\$
SPRING SPORTS	Cost per Sport	Fees Paid
Bocce	\$20.00	\$
Club Fit Performance	\$25.00	\$
FUNdamentals (7 – 11 years)	\$20.00	\$
*Golf	\$73.00	\$
*Softball	\$20.00	\$
*Soccer	\$15.00	\$
T-ball	\$20.00	\$
Track and Field	\$20.00	\$
Total Sports Fees		\$
Plus Base Registration		\$45.00
Total Fees (Sports Fees + Base Registration)		\$

NOTES:

*Sport Specific Equipment needs to be provided by the athletes for Soccer, Softball, Floor Hockey, Curling, Speed Skating and Golf.

**Generic Club Fees for Speed Skating, Figure Skating and Learn to Skate can be paid by post-dated cheque in the fall. These programs require athletes to provide their own skates.

***Receipts will only be issued upon request.

Athlete Registrar Use Only

Total payment Received \$ _____

Amount Owing \$ _____

Date Received _____

Cash/Cheque _____



2018 FALL Sport Schedule

Athletes should arrive at their programs no sooner than 15 minutes before the start time

SPORT	PRACTICE TIME	VENUE
ACTIVE START	Tuesday: 3:30pm-4:30pm Sept – Mar	UVIC McKinnon Gym
FUNDAMENTALS Ages 7 – 11	Tuesday: 3:30pm-4:30pm Sept – Feb	UVIC McKinnon Gym
FUNDAMENTALS Ages 7 – 11	Tuesday: 6:00pm-7:00pm Oct to Feb	Doncaster Elementary
ATHLETIC CLUB	Wednesday: 6:00pm-7:00pm Oct – Feb	Ecole Brodeur
**BASKETBALL	Monday: 6:30pm-7:30pm 7:30pm-8:30pm Oct to Feb	Arbutus Middle School
5-PIN BOWLING	Monday 6:00pm – 7:30pm Oct – Feb	Miracle Lanes (Sidney) Please note that the date,time and day may change
10-PIN BOWLING	Wednesday: 3:45pm-5:15pm Oct to Feb	Langford Lanes
CLUB FIT -PERFORMANCE-	Wednesday: 7:00 – 8:00pm Oct to Feb	Ecole Brodeur
CURLING	Thursday: 4:00pm-5:30pm Oct to Feb	Victoria Curling Club
**FLOOR HOCKEY◇	Monday: 6:00pm-7:00pm 7:00pm-8:30pm Oct to Feb	Ecole Brodeur
RHYTHMIC GYMNASTICS	Monday: 6:00pm-8:00pm Oct – Apr	Cedar Hill Middle School
LEARN TO SKATE	Saturday: 11:00am-12:30pm Oct - Feb	Oak Bay Arena
FIGURE SKATING	Saturday: 11:00am-12:30pm Oct - Feb	Oak Bay Arena
●SPEED SKATING	Tuesday: 6:00pm-6:40pm Thursday: 5:00pm-5:40pm Oct - Feb	Archie Browning Arena
ΔDEEP END SWIMMING	Thursday: 6:00pm-7:00pm Oct to Feb	Crystal Pool
ΔSHALLOW END SWIMMING	Tuesday: 6:00pm-7:00pm Oct to Feb	Crystal Pool



2019 SPRING Sport Schedule

Athletes should arrive at their programs no sooner than 15 minutes before the start time

SPORT	PRACTICE TIME	VENUE
FUNDAMENTALS	Tuesday: 6:00pm-7:00pm April – June	Doncaster Elementary
BOCCE	Tuesday: 6:30pm-8:00pm April - June	Horner Park
**GOLF	Wednesday: 4:00pm-5:00pm 5:00pm-6:00pm April - June	Cedar Hill Golf Club
CLUB FIT -PERFORMANCE-	Wednesday: 6:00pm-7:00pm April – June	Horner Park
○ SOCCER	Thursday: 6:30pm-8:00pm April – June	St. Michaels School
□ SOFTBALL	Tuesday: 6:00pm-8:00pm April – June	Cedar Hill Rec Centre
□ T-BALL	Wednesday: 6:00pm-7:30pm April – June	Horner Park
TRACK & FIELD	Monday: 6:30pm-8:00pm April – June	Oak Bay Track

**For Floor Hockey Basketball and Golf, athletes will be assigned one of the listed practice times by the Head Coach.

◇ Floor Hockey athletes need to have a CSA approved hockey helmet as well as gloves and shin pads. Elbow pads and athlete support are also strongly recommended.

● Speed Skating Athletes need to have skates or rent them from the Esquimalt Speed Skating Club, safety-type headgear with a complete hard shell and a fastening under the chin, cut and water-resistant gloves or mitts, shin guards, knee pads, elbow pads, safety glasses or goggles

□ Athletes need to have a softball glove

▪ Athletes need to have skates or rent them from Oak Bay Recreation Centre

○ Athletes need to have shin pads

Δ It is recommended that athletes provide their own figure skates.

For more information please visit our website at <http://www.victoriaspecialolympics.com/> or
Our Facebook page at <https://www.facebook.com/VictoriaSpecialOlympics/>

To become a volunteer please contact:

Volunteer Coordinator, Lisa Yaremco at volunteercoordinatorspecialo@gmail.com

To join as an athlete please contact:

Athlete Registrar, Jo Osborne at 250.590.7592 athleteRegistrar@gmail.com