

To Athletes, Families & Caregivers:

Enclosed is a registration package for the 2019/2020 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 26th, 2019 - 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"/> 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 charged with 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"/> 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
	<input type="checkbox"/> Soccer		
	<input type="checkbox"/> Softball		
	<input type="checkbox"/> Swimming		

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*

Last revised: 06/09



To be completed by Local:

This registration has been received and verified.

Initials

SPECIAL OLYMPICS BC MEDICAL FORM

PROGRAM YEAR: 20____ / 20____

FIRST NAME: _____

LAST NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

PHONE: _____ CELL: _____

EMAIL: _____

GENDER: _____ BIRTH DATE: _____ LOCAL: _____

BEST CONTACT:

Name: _____

Email: _____ Telephone: _____

Relationship to athlete: (check one) Parent Guardian Spouse Sibling Caregiver

Athlete lives independently: Yes No

SPORTS/PROGRAMS: (Check all that apply, but please only check programs athlete currently attends)

- 5-pin bowling 10-pin bowling Alpine skiing Basketball Bocce Cross country skiing
- Curling Figure skating Floor hockey Golf Powerlifting Rhythmic gymnastics
- Soccer Softball Swimming Snowshoeing Speed skating Track and field
- Active Start FUNdamentals Sport Start Club Fit

EMERGENCY CONTACT:

Contact 1: _____

Telephone: _____ Cell: _____

Relationship to athlete: (check one) Parent Guardian Spouse Sibling Caregiver

Contact 2: _____

Telephone: _____ Cell: _____

Relationship to athlete: (check one) Parent Guardian Spouse Sibling Caregiver

Please provide any information (medical or otherwise) that you think would be pertinent or would enhance the athlete's participation in programs, competitions, or events:



NAME: _____ LOCAL: _____

MEDICAL INFORMATION

Medical Insurance Number: _____

Doctor's name: _____ Phone #: _____

MEDICAL HISTORY: (Please check all that apply)

Down syndrome: Yes No (If yes, please fill out the next line.)

Atlantoaxial X-ray date: _____ Positive: _____ Negative: _____

Seizures (If yes, please fill out the next line.)

Type: _____ Frequency: _____ Date of last seizure: _____

Treatment Plan if applicable (attach additional sheet if required):

- Diabetic – Treatment: Diet Pill Insulin Able to inject own insulin Yes No
- Asthma High blood pressure Cerebral palsy Bed wetting Anxiety
- Arthritis Sleep apnea Tube feed Depression
- Heart condition – Please explain: _____

Does the athlete have or use any of the following – please check all that apply:

Glasses Contact lenses Hearing aid Dentures Wheelchair Cpap Other _____

ALLERGIES: (Please list)

Food: _____ Reaction: _____

Drugs: _____ Reaction: _____

Other: _____

Have you ever experienced an anaphylactic reaction? Yes No Do you carry an EpiPen? Yes No

Tetanus up to date: Yes No Date last given: _____

MEDICATION: (Must be updated prior to any trips)

Self-administered: Yes No

Name & dosage: _____ Time/s: _____

Name & dosage: _____ Time/s: _____

Name & dosage: _____ Time/s: _____

Name & dosage: _____ Time/s: _____

If more space is needed, please complete on a separate sheet

OTC: (Over the Counter medication)

*Are medications self-administered? Yes No Able to swallow pills? Yes No

Athlete may take the following medication: **(PLEASE CHECK ALL THAT APPLY)**

- | | | |
|--|--|--|
| <input type="checkbox"/> Tylenol Regular (Acetaminophen) | <input type="checkbox"/> Aspirin | <input type="checkbox"/> Advil |
| <input type="checkbox"/> Tylenol Extra Strength | <input type="checkbox"/> Decongestants | <input type="checkbox"/> Antihistamines |
| <input type="checkbox"/> Gravol (incl. Ginger Gravol) | <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Immodium |
| <input type="checkbox"/> Pepto-Bismol | <input type="checkbox"/> Cough and cold medicine | <input type="checkbox"/> Antacids |
| <input type="checkbox"/> Benadryl | <input type="checkbox"/> Eye/ear drops | <input type="checkbox"/> Antibiotic ointment |

I hereby give permission for _____ to be given the above checked
(Athlete name)

medication as needed. I acknowledge that all of the information given on this form is correct to the best of my knowledge and I will update this information as required.

Signature: _____ Date: _____
(Athlete signature)

Signature: _____ Date: _____
(Signature of parent or legal guardian if under the age of 18 years)

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

2019/2020 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 _____