

# SPECIAL OLYMPICS BRITISH COLUMBIA ATHLETE REGISTRATION FORM

<b>DATE</b>		<b>SOBC LOCAL</b>	
<b>FIRST NAME</b>		<b>MIDDLE NAME /INITIAL</b>	<b>LAST NAME</b>
<b>HOME ADDRESS AND CONTACT INFORMATION</b>	<i>Street Name &amp; 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>
<b>PRIMARY EMERGENCY CONTACT</b>	<i>Name</i>	<i>Relationship</i>	
	<i>Day Phone #</i>	<i>Evening Phone #</i>	
<b>ALTERNATE EMERGENCY CONTACT</b>	<i>Name</i>	<i>Relationship</i>	
	<i>Day Phone #</i>	<i>Evening Phone #</i>	
<b>GENDER</b>	<input type="checkbox"/> <i>Male</i> <input type="checkbox"/> <i>Female</i>	<b>FIRST NATIONS</b>	<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>
<b>DATE OF BIRTH</b>	<i>Month</i>	<i>Day</i>	<i>Year</i>
<b>CARE CARD #</b>			
<b>CRIMINAL RECORD</b>	<b>Do you have a criminal record of any kind, or have you ever been <i>charged with a criminal offence</i>?</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If yes, please indicate the nature of the offence: _____		
<b>PARENT/ GUARDIAN INFORMATION</b>	<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>
<b>LIVING SITUATION</b>	<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

<b>FIRST NAME</b>		<b>LAST NAME</b>	
<b>MEDICAL INFORMATION</b>	<b>DOWN SYNDROME</b> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i> <i>If yes, please complete information below.</i>		
	<b>DATE OF LAST ATLANTO-AXIAL DISLOCATION X-RAY :</b> <i>Month</i> <i>Day</i> <i>Year</i>		
	<b>WAS THE X-RAY NEGATIVE OR POSITIVE?</b> <input type="checkbox"/> <i>Negative</i> <input type="checkbox"/> <i>Positive</i>		
<b>SPORTS CURRENTLY INVOLVED IN</b>	<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*

# 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:** Basketball 5 Pin Bowling Snowshoeing 10 Pin Bowling RGym-L RGym-S Speed Skating Alpine Skiing  
Curling Fig. Skating Floor Hockey Swimming Athletic Club FUNdamentals(7-11yrs) Oct-Feb  
Tball Softball Soccer Track/Field Golf FUNdamentals(7-11) Apr-June

### 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**

Athlete Name: \_\_\_\_\_  
**Athlete Email** \_\_\_\_\_  
**Caregiver Email** \_\_\_\_\_

	Cost per sport	Total Cost
<b>BASE REGISTRATION</b>		<b>\$45.00</b>
5 Pin Bowling <i>Maximum 2 games.</i>	<b>\$70.00</b>	
10 Pin Bowling <i>Maximum 2 games</i>	<b>\$70.00</b>	
**Speed Skating (+ <i>Generic Skate Club Fee- \$150</i> )	<b>\$15.00</b>	
**Figure Skating (+ <i>Generic Skate Club Fee-\$76</i> )	<b>\$15.00</b>	
Swimming	<b>\$35.00</b>	
Rhythmic Gymnastics- <b>Short</b> program	<b>\$25.00</b>	
Rhythmic Gymnastics - <b>Long</b> Program	<b>\$35.00</b>	
*Curling	<b>\$20.00</b>	
*Floor Hockey	<b>\$20.00</b>	
Snowshoe	<b>\$20.00</b>	
*Alpine Skiing	<b>\$20.00</b>	
Athletic Club/Club Fit	<b>\$20.00</b>	
Basketball	<b>\$25.00</b>	
Track and Field	<b>\$15.00</b>	
*Softball	<b>\$20.00</b>	
T-ball	<b>\$20.00</b>	
*Soccer	<b>\$15.00</b>	
Golf-Lessons & One Round of Golf @ Henderson	<b>\$70.00</b>	
FUNdamentals Fall Session (Oct-Feb) (7-11yrs)	<b>\$20.00</b>	
FUNdamentals Spring Session (April-June) (7-11yrs)	<b>\$20.00</b>	
<b>Total cost to athlete including Base Registration</b>		

Payment received by: \_\_\_\_\_  
 Date: \_\_\_\_\_

- \* Athletes must provide their own personal sport specific equipment.  
 Check with Head Coaches
- \*\* **Generic Club Fees Will Be Paid at Registration time (post dated cheques accepted)**
- \*\* 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.

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Athlete's Signature

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Date