



**ATHLETE REGISTRATION FORM**

<b>Please Check One:</b>	Register New Athlete <input type="checkbox"/> (Complete Sections 1, 2, 3 and 4)	Add Athlete to Club <input type="checkbox"/> (Complete Sections 1-2)	Change Athlete Personal Info from Club <input type="checkbox"/> (Complete Section 1)	Remove Athlete <input type="checkbox"/> (Complete Section 1-2)
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If changing Athlete info, or adding or deleting Athlete to/from a Club, PLEASE indicate athlete SOO registration #: \_\_\_\_\_

**1. Personal Information**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Apt / Unit # \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Province **ONTARIO** Postal Code \_\_\_\_\_

Home Phone Number (\_\_\_\_) \_\_\_\_\_ Cell Phone Number (\_\_\_\_) \_\_\_\_\_

e-mail (*athlete*) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M  F   
MM / DD / YY

Spoken Language(s): English  French  Other \_\_\_\_\_

**2. Activity Profile** Must be filled out by a Special Olympics Volunteer or Coach

Please indicate the sport specific and/or athletic club, the name of the club in which the athlete is involved.

Community \_\_\_\_\_ Region \_\_\_\_\_

Club # \_\_\_\_\_ Sport \_\_\_\_\_ Club Name \_\_\_\_\_

Club # \_\_\_\_\_ Sport \_\_\_\_\_ Club Name \_\_\_\_\_

Club # \_\_\_\_\_ Sport \_\_\_\_\_ Club Name \_\_\_\_\_

*Please turn over to complete form*



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**3. Atlanto-Axial Instability Profile (Only for Athletes with Down Syndrome)**

Individuals who have Down Syndrome that have been tested positive for Atlanto-Axial Instability, shall not be permitted to participate in sport training and competition which, by their nature, result in hypertension, radical flexion or direct pressure on the neck or upper spine. Such sports training and competition activities include, but are not limited to: butterfly stroke and diving in swimming, pentathlon, high jump, powerlifting, artistic gymnastics, basketball, soccer, alpine skiing and any warm-up exercise placing undue stress on the head and neck.

Does the new participant have Down Syndrome?      Yes       No

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of last of last X-Ray (MM/DD/YY)      Result: Positive       Negative

For more information and a copy of the Atlanto-Axial Examination form, contact your Sport Club Manager or Head Coach or visit our website at [www.specialolympicsontario.com](http://www.specialolympicsontario.com). This examination form must accompany the registration form to the Provincial Office.

**4. Athlete, Caregiver or Guardian Release & Contact Information**

Athletes under the age of 18 must have a caregiver/legal guardian sign this release on their behalf. \* I, the undersigned athlete (caregiver and/or legal guardian), hereby request permission to participate in the Special Olympics Canada Inc. program. I represent and warrant you that I am physically able to participate in Special Olympics Canada Inc. \*I acknowledge that I will be using facilities at my own risk, and I hereby release, discharge and indemnify Special Olympics Canada Inc. from all liability for injury to person or damage to property of myself. \*As a participating athlete, I am specifically granting permission to Special Olympics Canada Inc. to use my likeness, voice and words in television, radio, film, newspaper, magazines and other media, and in any form not heretofore described for the purpose of advertising or communicating the purpose and activities of Special Olympics Canada and in appealing for funds to support such activities. \*I agree to abide by Special Olympics Canada Inc. rules, policies, procedure, and Code of Behavior. If I am unable to be consulted in case of necessity, Special Olympics Canada Inc. is authorized at my account to take such measures and arrange for such medical and hospital treatment as is deemed advisable for my health and well-being. \*Any and all references to Special Olympics Canada Inc. include and apply equally to Special Olympics Canada Inc.

Can your athlete's photograph be used for media purposes as mentioned above? Yes       No

\_\_\_\_\_  
Relationship to Athlete (if not self)      Print Name (Parent/Caregiver/Guardian)

\_\_\_\_\_  
Parent/Caregiver/Guardian Home Address

(    )      (    )  
Parent/Caregiver/Guardian Home Phone      Parent/Caregiver/Guardian Work Phone

\_\_\_\_\_  
Parental/Caregiver/Guardian e-mail

Date \_\_\_\_\_ Signature \_\_\_\_\_

<b>How did you hear about Special Olympics Ontario?</b>		Family/ Friends <input type="checkbox"/>	Media/Advertisement <input type="checkbox"/>
School <input type="checkbox"/>	Athletes <input type="checkbox"/>	Volunteers <input type="checkbox"/>	Social Services <input type="checkbox"/>
		Website <input type="checkbox"/>	Other: _____