



Registration and Consent Form



(Please complete both sides.)

Participant: _____
Last Name First Name

Address: _____

City: _____ Zip: _____

Reservation: _____

Gender: Male Female Age: _____ Date of Birth: _____

Parent/Guardian: _____
Last Name First Name

Home Phone: _____ Work Phone: _____

Email: _____ Cell Phone: _____

What is your relationship to the child you are registering?

Parent/Guardian Sibling Other Family Member Other (please specify): _____

EMERGENCY CONTACT INFORMATION (other than Parent/Guardian; Parent/Guardian will be contact first in an emergency)

Contact Name: _____ Relationship: _____ Phone: _____

Child's T-shirt size: Extra Small 2/4 Small 6/8 Medium 10/12 Large 14/16 Extra Large 18/20

Child's diagnosis: None (Peer Model or General Education Student Partner)

Autism Spectrum Down syndrome Developmental Delay Intellectual Disability

Requires Wheelchair Accessible Locations

Allergies / Medical Alerts: _____

Special Diet: _____

Other: _____

Form(s) of communication used by child:

Speech Sign Language Picture Exchange Augmentive Device Gesture Other

Child's Primary Language: _____

The following questions are OPTIONAL and will not have any effect on participation in the Special Olympics Arizona Young Athletes Your answers will assist us with reaching other families, tracking the program and applying for grants.

Race: American Indian or Alaska Native Asian Black or African American

Hispanic/Latin American White/Non-Hispanic Native Hawaiian or Other Pacific Islander

Insurance Type: Private Public Uninsured

Insurance Company (ies): _____ Policy #: _____

RELEASE TO BE COMPLETED BY PARENT OR GUARDIAN OF MINOR PARTICIPANT

I am the parent/guardian of _____ (participant’s name), the minor child, on whose behalf I have submitted the application for participation in Special Olympics Arizona Young Athletes Program. I hereby represent that he/she has my permission to participate in Special Olympics Arizona Young Athletes activities.

In permitting the participant to participate, I am specifically granting my permission, (both during and anytime after), to Special Olympics Arizona to use the Participant’s likeness, name, voice and words in television, radio, film, newspapers, magazines and other media, and in any form, for the purpose of advertising or communicating the purposes and activities of Special Olympics Arizona and/or applying for funds to support these purposes and activities.

If a medical emergency should arise during participation in any Special Olympics Young Athletes activities, at a time when I am not personally present so as to be consulted regarding his/her care, I hereby authorize Special Olympics, on my behalf, to take whatever measures are necessary to ensure that he/she is provided with any emergency medical treatment, including hospitalization, which Special Olympics Arizona deems advisable in order to protect his/her health and well- being. In the case of Young Athletes Programs implemented by school personnel during school hours, the school's emergency medical treatment policy and permissions will take precedence.

Health Programs: If the Young Athlete takes part in a Special Olympics health program, I consent to health activities, exams, and treatment for the Young Athlete. This should not replace regular health care. I can say no to treatment or anything else any time for the Young Athlete.

Personal Information: I understand personal information may be used and shared by Special Olympics to:

- Make sure the Young Athlete can participate safely;
- Run trainings and events and share results;
- Put the Young Athlete’s information in a computer system;
- Provide health treatment, make referrals, consult doctors, and remind me about follow-up services;
- Research, share, and respond to needs of Special Olympics participants (identifying information removed if shared publically); and
- Protect health and safety, respond to government requests, and report information required by law.

I can ask to see and change the Young Athlete’s information. I can ask to limit how the information is used.

Concussions: I understand the risk of concussions and continuing to play sports with a concussion. The Young Athlete may have to get medical care if a concussion is suspected. The Young Athlete also may have to wait 7 days or more and get permission from a doctor before they start playing sports again.

YOUNG ATHLETE NAME: _____

I am the parent/guardian of the child named in this application. I have read and fully understand the provisions of the above release. Through my signature on this release form, I am agreeing to the above provisions on behalf of the child/participant named above.

I hereby give my permission for child/participant named above to participate in Special Olympics Arizona Young Athletes physical activity programs.

Signature of Parent/Guardian

Date

THIS FORM IS VALID FOR THREE YEARS

To be completed by SOAZ staff or teacher

Delegation Name:	_____
Delegation #:	_____
School:	_____
Teacher:	_____