

YOUNG ATHLETES REGISTRATION



State Special Olympics Program: Special Olympics Wisconsin

Are you new to Special Olympics or re-registering?

New

Re-Registering

YOUNG ATHLETE INFORMATION	
First Name:	Last Name:
Date of Birth:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary _____
Has an Intellectual or Developmental Disability:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unidentified
What is the name and organization of the Young Athlete's primary care physician (PCP)?	
Does the Young Athlete's PCP have an affiliation with a health System (i.e. Children's Wisconsin, UW Health, Ascension)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Race/Ethnicity (Optional): <input type="checkbox"/> Prefer not to answer	
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian American <input type="checkbox"/> More than one Race
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> White or Caucasian	<input type="checkbox"/> Hispanic or Latinx
Language(s) Spoken in Young Athlete's Home (Optional): Check all that apply	
<input type="checkbox"/> English	<input type="checkbox"/> Spanish <input type="checkbox"/> Other (please list):
Shirt Size: <input type="checkbox"/> Youth Extra Small <input type="checkbox"/> Youth Small <input type="checkbox"/> Youth Medium <input type="checkbox"/> Youth Large	
<input type="checkbox"/> Requires Wheelchair Accessible Locations	
<input type="checkbox"/> Language Needs:	
<input type="checkbox"/> Medical Conditions:	
<input type="checkbox"/> Special Diet:	
<input type="checkbox"/> Other:	
PARENT / GUARDIAN INFORMATION	
Name:	
Relationship:	
Address:	City:
State/Province:	Postal Code:
Phone:	E-mail:
EMERGENCY CONTACT INFORMATION	
<input type="checkbox"/> Same as Guardian/Parent	
Name:	
Phone:	Relationship:

YOUNG ATHLETES RELEASE FORM



I am the Parent or Guardian of the Young Athletes participant named below and agree to the following:

1. **Able to Participate.** The Young Athlete is physically able to take part in Special Olympics.
2. **Likeness Release.** I give permission to Special Olympics, Inc., Special Olympics games organizing committees, and Special Olympics accredited Programs (collectively "Special Olympics") to use the Young Athlete's likeness, photo, video, name, voice, words, and biographical information to promote Special Olympics and raise funds for Special Olympics.
3. **Risk of Concussion and Other Injury.** I know there is a risk of injury. I understand the risk of continuing to participate with or after a concussion or other injury. The Young Athlete may have to get medical care if there is a suspected concussion or other injury. The Young Athlete also may have to wait 7 days or more and get permission from a doctor before playing sports again.
4. **Emergency Care.** If a parent or guardian is unavailable to consent or make medical decisions in an emergency, I authorize Special Olympics to seek medical care for the Young Athlete, unless I mark one of these boxes:
 - I have a religious or other objection to receiving medical treatment. (Not common.)
 - I do not consent to blood transfusions. (Not common.)
 (If either box is marked, an EMERGENCY MEDICAL CARE REFUSAL FORM must be completed.)
5. **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.
6. **Personal Information.** I understand that Special Olympics will be collecting the Young Athlete's personal information as part of participation, including name, image, address, telephone number, health information, and other personally identifying and health related information provided to Special Olympics ("personal information").
 - I agree and consent to Special Olympics:
 - using the personal information in order to: confirm eligibility and safe participation; run trainings and events; share competition results (including on the Web and in news media); provide health treatment if the Young Athlete participates in a health program; analyze data for the purposes of improving programming and identifying and responding to the needs of Special Olympics participants; perform computer operations, quality assurance, testing, and other related activities; and provide event-related services.
 - using the personal information for communications and marketing purposes, including direct digital marketing through email, text message, and social media.
 - sharing personal information with (i) researchers, such as universities and public health agencies, that are studying intellectual disabilities and the impact of Special Olympics activities, (ii) medical professionals in an emergency, and (iii) government authorities for the purpose of assisting with any visas required for international travel to Special Olympics events and for any other purpose necessary to protect public safety, respond to government requests, and report information as required by law.
 - I have the right to ask to see the personal information or to be informed about the personal information that is processed. I have the right to ask to correct and delete the personal information, and to restrict the processing of personal information if it is inconsistent with this consent.
 - *Privacy Policy.* Personal information may be used and shared consistent with this form and as further explained in the Special Olympics privacy policy at www.SpecialOlympics.org/Privacy-Policy.aspx.

Young Athlete Name:	
PARENT/GUARDIAN SIGNATURE	
I am a parent or guardian of the Young Athlete. I have read and understand this form. By signing, I agree to this form on my own behalf and on behalf of the Young Athlete.	
Parent/Guardian Signature:	Date:
Printed Name:	Relationship:

YOUNG ATHLETES LIKENESS RELEASE FOR SPONSORS (OPTIONAL)



Special Olympics relies on sponsors and partners to help support our mission. We often use photos, videos and stories of our athletes to show the impact of support by companies that sponsor Special Olympics. If you wish to allow the Young Athlete’s likeness to be used in this way, please read and sign below.

I agree to the following:

- I give permission to Special Olympics, Inc., Special Olympics games organizing committees, and Special Olympics accredited Programs (collectively “Special Olympics”) and their sponsors and partners to use the Young Athlete’s likeness, photo, video, name, voice, and words (“Likeness”) to acknowledge the sponsors’ and partners’ support for Special Olympics.
- Special Olympics and its sponsors and partners will not use the Young Athlete’s Likeness to endorse commercial products or services.
- I understand neither the Young Athlete nor I will not be compensated for the use of the Young Athlete’s Likeness.

Young Athlete Name:	
PARENT/GUARDIAN SIGNATURE	
I am a parent or guardian of the Young Athlete. I have read and understand this form. By signing, I agree to this form on my own behalf and on behalf of the Young Athlete.	
Parent/Guardian Signature:	Date:
Printed Name:	Relationship:

COVID-19 Participant Release Form



This release form must be completed and signed by all participants (Athletes/Partners/Coaches) before participating in any Special Olympics WI activity. **This form only needs to be signed once** and can be turned in onsite at the activity or sent directly to SOWI. Please submit all forms to youngathletes@specialolympicswisconsin.org

I understand I could get Coronavirus through sports, training, competition and/or any group activity at Special Olympics. I am choosing to participate in sports, competition and/or other Special Olympics activities at my own risk. During the time that these precautions are needed, I agree to the following to help keep me and my fellow participants safe:

- ✓ I know that if I have a high-risk condition, I have more risk that I could get sick or die from COVID-19. If I have a high-risk condition, I should not go to Special Olympics events in person, until there is little or no Coronavirus in my community.
- ✓ If I have COVID-19 symptoms, I will stay at home and NOT go to any activities until 7 days after all of my symptoms are over. If I am exposed to COVID-19 and have no symptoms, I can return 14 days after exposure.
- ✓ Special Olympics gave me education on Special Olympics rules for COVID-19 and who is at high-risk (back).
- ✓ I know that before or when I get to a Special Olympics activity, they will ask me some questions about symptoms and exposure to COVID-19. They may also take my temperature. I will answer truthfully and participate fully.
- ✓ I will keep at least 6 feet from all participants at all times.
- ✓ I will wear a mask at all times while at Special Olympics activities. I may not have to wear it during active exercise.
- ✓ I will wash my hands for 20 seconds or use hand sanitizer before any activities. I will wash my hands any time I sneeze, cough, go to the bathroom or get my hands dirty.
- ✓ I will avoid touching my face. I will cover my mouth when I cough or sneeze and immediately wash my hands after.
- ✓ I will not share drinking bottles or towels with other people.
- ✓ I will only share equipment when instructed to. If equipment must be shared, I will only touch the equipment if it is disinfected first.
- ✓ If I get or have had COVID, I will not go to any in-person Special Olympics events until 7 days after my symptoms end. I will go to my doctor and get written clearance before returning to any sport or fitness activities.
- ✓ I understand that if I do not follow all of these rules, I may not be allowed to participate in Special Olympics activities during this time.

YOUNG ATHLETES SITE NAME: _____

PARTICIPANT FULL NAME: _____

Phone: _____ **Email:** _____

Circle one: Athlete Unified Partner Coach/Volunteer Family/Caregiver

PARTICIPANT SIGNATURE (required for adult (age 18+) participants, including adult athlete with capacity to sign documents)
By signing this, I acknowledge that I have completely read and fully understand the information in this form.

Signature: _____ **Date:** _____

PARENT/GUARDIAN SIGNATURE (required for participant who is younger than age 18 or lacks capacity to sign documents)
I am a parent or guardian of the athlete/participant named above. I have read and understand this form and have explained the contents to the participant as appropriate. By signing, I agree to this form on my own behalf and on behalf of the participant.

Parent/Guardian Signature: _____ **Date:** _____

Printed Name: _____ **Relationship:** _____

Communicable Disease Participant Waiver

Updated March 19, 2021



This release form must be completed and signed by all participants (Athletes/Partners/Coaches/Volunteers) before participating in any Special Olympics WI activity. This form **can be turned in onsite** at the activity or sent directly to SOWI. Please submit all forms to youngathletes@specialolympicswisconsin.org or Special Olympics Wisconsin, Inc. 2310 Crossroads Dr., Ste. 1000 Madison, WI 53718

WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK FOR COMMUNICABLE DISEASES ("Agreement") for SPECIAL OLYMPICS WISCONSIN

In consideration of being allowed to participate in any way in Special Olympics sports training, competition or fundraising activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious and/or communicable diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Special Olympics, Inc, Special Olympics Wisconsin, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

YOUNG ATHLETES SITE NAME: _____

PARTICIPANT FULL NAME: _____

Circle one: Athlete Unified Partner Coach/Volunteer Family/Caregiver

Signature: _____ **Date:** _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION) OR ATHLETES THAT ARE NOT THEIR OWN GUARDIAN

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Parent/Guardian Signature: _____ **Date:** _____

Printed Name: _____ **Relationship:** _____