

ATHLETE REGISTRATION FORM



Are you a new athlete to San Diego Chill or Re-Registering? New Athlete Re-Registering

ATHLETE INFORMATION

First Name: _____ Middle Name: _____

Last Name: _____ Preferred Name: _____

Date of Birth (mm/dd/yyyy): _____ Female Male

Race/Ethnicity (Optional):

American Indian/Alaskan Native Asian Two or More Races
 Black or African American Native Hawaiian or Other Pacific Islander
 White Hispanic or Latino (specific origin group: _____)

Language(s) Spoken in Athlete's Home (Optional): Check all that apply
 English Spanish Other (please list): _____

Street Address: _____

City: _____ State: _____ Postal Code: _____

Phone: _____ E-mail: _____

Sports/Activities: _____

Athlete Employer, if any (Optional): _____

Does the athlete have the capacity to consent to medical treatment on his or her own behalf? Yes No

PARENT / GUARDIAN INFORMATION (required if minor or otherwise has a legal guardian)

Name: _____

Relationship: _____

Same Contact Info as Athlete

Street Address: _____

City: _____ State: _____ Postal Code: _____

Phone: _____ E-mail: _____

EMERGENCY CONTACT INFORMATION

Same as Parent/Guardian

Name: _____

Phone: _____ Relationship: _____

PHYSICIAN & INSURANCE INFORMATION

Physician Name: _____

Physician Phone: _____

Insurance Company: _____ Insurance Policy Number: _____

Insurance Group Number: _____

ATHELETE HEALTH HISTORY

Athlete First & Last Name: _____ Preferred Name: _____

Athlete Date of Birth (dd/mm/yyyy): _____ Female Male

COUNTRY: _____ Email: _____

ASSOCIATED CONDITIONS - Does the athlete have (check any that apply):		
Autism	Down Syndrome	Fragile X Syndrome
Cerebral Palsy	Fetal Alcohol Syndrome	
Other Syndrome, please specify: _____		

ALLERGIES & DIETARY RESTRICTIONS	ASSISTIVE DEVICES - Does the athlete use (check any that apply):		
No Known Allergies	Brace	Colostomy	Communication Device
Latex	C-PAP Machine	Crutches or Walker	Dentures
Medications: _____	Glasses or Contacts	G- Tube or J- Tube	Hearing Aid
Insect Bites or Stings: _____	Implanted Device	Inhaler	Pacemaker
Food: _____	Removable Prosthetics	Splint	Wheel Chair

List any special dietary needs: _____

Has a doctor ever limited the athlete's participation in sports? No Yes	If yes, please describe: _____
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SURGERIES, INFECTIONS, VACCINES

List all past surgeries: _____

Does the athlete currently have any chronic or acute infection? No Yes	If yes, please describe: _____
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Has the athlete ever had an abnormal Electrocardiogram (EKG) or Echocardiogram (Echo)? If yes, describe date and results
Yes, had abnormal EKG
Yes, had abnormal Echo

Has the athlete had a Tetanus vaccine in the past 7 years?	No	Yes
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EPILEPSY AND/OR SEIZURE HISTORY

Epilepsy or any type of seizure disorder	No	Yes
If yes, list seizure type: _____		
If yes, had seizure during the past year?	No	Yes

MENTAL HEALTH

Self-injurious behavior during the past year	No	Yes	Depression (diagnosed)	No	Yes
Aggressive behavior during the past year	No	Yes	Anxiety (diagnosed)	No	Yes
Describe any additional mental health concerns: _____					

ATHLETE RELEASE FORM

I agree to the following:

- 1. Ability to Participate.** I am physically able to take part in San Diego Chill activities.
- 2. Likeness Release.** I give permission to San Diego Chill to use my likeness, photo, video, name, voice, and words to promote San Diego Chill and raise funds for the San Diego Chill.
- 3. Risk of Concussion and Other Injury.** I know there is a risk of injury. I understand the risk of continuing to play sports with or after a concussion or other injury. I may have to get medical care if I have a suspected concussion or other injury. I also may have to wait 7 days or more and get permission from a doctor before I start playing sports again.
- 4. Emergency Care.** If I am unable, or my guardian is unavailable, to consent or make medical decisions in an emergency, I authorize San Diego Chill to seek medical care on my behalf, 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. Personal Information.** I understand that San Diego Chill will be collecting my personal information as part of my participation, including my name, image, address, telephone number, health information, and other personally identifying and health related information I provide to San Diego Chill ("personal information").
 - I agree and consent to San Diego Chill:
 - using my personal information and creating a profile of me for communications and marketing purposes, including direct digital marketing through email, SMS, social media, and other channels.
 - sharing my personal information with (i) researchers, business partners, public health agencies, and other organizations that are studying intellectual disabilities and the impact of San Diego Chill activities, (ii) medical professionals in an emergency, and (iii) government authorities for the purpose of assisting me with any visas required for international travel to San Diego Chill events and for any other purpose necessary to protect public safety, respond to government requests, and report information as required by law.

Athlete Name:	E-mail:
ATHLETE SIGNATURE (required for adult athlete with capacity to sign legal documents)	
I have read and understand this form. If I have questions, I will ask. By signing, I agree to this form.	
Athlete Signature:	Date:
PARENT/GUARDIAN SIGNATURE (required for athlete who is a minor or lacks capacity to sign legal documents)	
I am a parent or guardian of the athlete. I have read and understand this form and have explained the contents to the athlete as appropriate. By signing, I agree to this form on my own behalf and on behalf of the athlete.	
Parent/Guardian Signature:	Date:
Printed Name:	Relationship:

ATHLETE LIKENESS RELEASE FOR SPONSORS (OPTIONAL)

San Diego Chill 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 San Diego Chill. If you wish to allow your likeness to be used in this way, please read and sign below.

I agree to the following:

- I give permission to San Diego Chill, Inc., San Diego Chill games organizing committees, and San Diego Chill accredited Programs (collectively "San Diego Chill") and their sponsors and partners to use my likeness, photo, video, name, voice, and words ("my likeness") to acknowledge the sponsors' and partners' support for San Diego Chill.
- San Diego Chill and its sponsors and partners will not use my Likeness to endorse commercial products or services.
- I understand I will not be compensated for the use of my Likeness.

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Athlete Signature:	Date:
PARENT/GUARDIAN SIGNATURE (required for athlete who is a minor or lacks capacity to sign legal documents)	
I am a parent or guardian of the athlete. I have read and understand this form and have explained the contents to the athlete as appropriate. By signing, I agree to this form on my own behalf and on behalf of the athlete.	
Parent/Guardian Signature:	Date:
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