

# ATHLETE REGISTRATION FORM – 2024-2025 SEASON



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):	<input type="checkbox"/> Female <input type="checkbox"/> Male	
Race/Ethnicity (Optional):		
<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Two or More Races		
<input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander		
<input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino (specific origin group: _____)		
Language(s) Spoken in Athlete's Home (Optional): Check all that apply		
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

Name:		
Relationship:		
<input type="checkbox"/> Same Contact Info as Athlete		
Street Address:		
City:	State:	Postal Code:
Phone:	E-mail:	

## EMERGENCY CONTACT INFORMATION

<input type="checkbox"/> 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

CITIZENSHIP:

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	BraceColostomyCommunication Device
Latex	C -PAP MachineCrutches or WalkerDentures
Medications:	Glasses or ContactsG- Tube or J- TubeHearing Aid
Insect Bites or Stings:	Implanted DeviceInhalerPacemaker
Food:	Removable ProstheticsSplintWheel Chair

List any special dietary needs:

Has a doctor ever limited the athlete’s participation in sports?

No

Yes

If yes, please describe:

SURGERIES, INFECTIONS, VACCINES

List all past surgeries:

Does the athlete currently have any chronic or acute infection?

No

Yes

If yes, please describe:

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

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. Release and Waiver.** In consideration of being permitted to participate in San Diego Chill activities, including but not limited to ice-based sports such as skating and hockey, conducted by San Diego Chill, I, on behalf of myself and my spouse, family, legal representatives, heirs and assigns, do now release, waive and discharge San Diego Chill, its officers, members, employees, volunteers, promoters, sponsors, advertisers, owners and lessees of the premises where San Diego Chill activities are conducted, and each of them, their officers and employees (collectively, the "Chill Released Parties"), from all liability to me, my spouse, family, legal representatives, heirs and assigns, for any and all loss or damage, and any claim or damages resulting from the same, on account of injury to my person or property, even injury resulting in death of myself, whether caused by the negligence of the Chill Released Parties or otherwise while I am participating or otherwise involved in or present at the aforementioned San Diego Chill activities.

I agree to indemnify the Chill Released Parties and each of them from any loss, liability, damage or cost they may incur due to my presence in or upon San Diego Chill facilities or other locations where San Diego Chill activities may occur, whether caused by the negligence of the Chill Released Parties or otherwise.

I assume full responsibility for the risk of bodily injury, death or property damage due to the negligence of the Chill Released Parties or otherwise while in or upon the San Diego Chill facilities or other locations where San Diego Chill activities may occur, while participating or otherwise involved in or present at San Diego Chill activities. I understand, acknowledge, and agree that the San Diego Chill activities are inherently dangerous, and include the risk of serious bodily injury (including but not limited to concussions), death, and property damage. I accept these risks and am voluntarily participating in the San Diego Chill activities while fully assuming those risks to the maximum extent permitted by law.

I agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of California, and that if any portion of this agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

- 4. 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.
- 5. 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.)

- 6. 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.

- 7. AGREEMENT TO BINDING ARBITRATION.** ANY DISPUTE, CLAIM OR CONTROVERSY ARISING OUT OF OR RELATING TO (1) PARTICIPATION IN SAN DIEGO CHILL ACTIVITIES, AND/OR (2) THIS AGREEMENT OR THE BREACH, TERMINATION, ENFORCEMENT, INTERPRETATION OR VALIDITY THEREOF, INCLUDING THE DETERMINATION OF THE SCOPE OR APPLICABILITY OF THIS AGREEMENT TO ARBITRATE, SHALL BE DETERMINED BY ARBITRATION IN SAN DIEGO, CALIFORNIA BEFORE ONE ARBITRATOR. THE ARBITRATION SHALL BE ADMINISTERED BY JAMS PURSUANT TO ITS COMPREHENSIVE ARBITRATION RULES AND PROCEDURES AND IN ACCORDANCE WITH THE EXPEDITED PROCEDURES IN THOSE RULES. JUDGMENT ON THE AWARD MAY BE ENTERED IN ANY COURT HAVING JURISDICTION. THIS CLAUSE SHALL NOT PRECLUDE PARTIES FROM SEEKING PROVISIONAL REMEDIES IN AID OF ARBITRATION FROM A COURT OF APPROPRIATE JURISDICTION. IN ANY ARBITRATION, THE ARBITRATOR IS NOT EMPOWERED TO AWARD PUNITIVE OR EXEMPLARY DAMAGES, EXCEPT WHERE PERMITTED BY STATUTE, AND THE PARTIES WAIVE ANY RIGHT TO RECOVER ANY SUCH DAMAGES. FURTHER, IN ANY ARBITRATION, THE ARBITRATOR MAY NOT AWARD ANY INCIDENTAL, INDIRECT OR CONSEQUENTIAL DAMAGES, INCLUDING DAMAGES FOR LOST PROFITS.

Athlete Name:	E-mail:
<b>ATHLETE SIGNATURE</b> (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:
<b>PARENT/GUARDIAN SIGNATURE</b> (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.

<b>Athlete Name:</b>	<b>E-mail:</b>
<b>ATHLETE SIGNATURE</b> (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.	
<b>Athlete Signature:</b>	<b>Date:</b>
<b>PARENT/GUARDIAN SIGNATURE</b> (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.	
<b>Parent/Guardian Signature:</b>	<b>Date:</b>
<b>Printed Name:</b>	<b>Relationship:</b>