

ATHLETE REGISTRATION FORM



State RODF Sport Program Program: _____

Are you a new athlete to Rock'n Our Disabilities 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

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:
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PHYSICIAN & INSURANCE INFORMATION

Physician Name:

Physician Phone:

Insurance Company:	Insurance Policy Number:
Insurance Group Number:	

ATHLETE RELEASE FORM



I agree to the following:

1. **Ability to Participate.** I am physically able to take part in RODF Sports Program activities.
2. **Likeness Release.** I give permission to RODF, RODF games organizing committees, and RODF to use my likeness, photo, video, name, voice, and words to promote RODF and raise funds for RODF.
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 Rock'n Our Disabilities 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. **Overnight Stay.** For some events, I may stay in a hotel or someone's home. If I have questions, I will ask.
6. **Health Programs.** If I take part in a health program, I consent to health activities, screenings, and treatment. This should not replace regular health care. I can say no to treatment or anything else at any time.
7. **Personal Information.** I understand that Rock'n Our Disabilities 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 Rock'n Our Disabilities ("personal information").
 - I agree and consent to RODF, Rock'n Our Disabilities:
 - using my personal information in order to: make sure I am eligible and can participate safely; run trainings and events; share competition results (including on the Web and in news media); provide health treatment if I participate in a health program; analyze data for the purposes of improving programming and identifying and responding to the needs of RODF, Rock'n Our Disabilities participants; perform computer operations, quality assurance, testing, and other related activities; and provide event-related services.
 - 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 Rock'n Our Disabilities 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 Rock'n Our Disabilities 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 my personal information or to be informed about the personal information that is processed about me. I have the right to ask to correct and delete my personal information, and to restrict the processing of my personal information if it is inconsistent with this consent.

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)



Rock'n Our Disabilities 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 Rock'n Our Disabilities. 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 Rock'n Our Disabilities Foundation, Rock'n Our Disabilities Foundation games organizing committees, 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 Rock'n Our Disabilities Foundation.
- Rock'n Our Disabilities Foundation 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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