URGEKCN'QN[ORKEU'PGY HQWPFNCPF'('NCDTCFQT 2020-2021

ATHLETE REGISTRATION FORM - Generic

CPPWCN'TGI KUVTCVKQP'HGG<		RC[OGPV" HGG<	Cash Cheque Other:
HKTUV'PCOG		OKFFNG'PCOG1 KPKVKCN"	
NCUV'PCOG		PKEMPCOG1 RTGHGTTGF'PCOG	

CVJ NGVG)U" EQPVCEV" KPHQTOCVKQP" CPF'JQOG" CFFTGUU	
	Œæ@^c^q ÁÔ^||ÁÚ@}^Á / Œæ@^c^q ÁP[{ ^ÁÚ@}^Á / Œæ@^c^q ÁÔ{ æãÁŒåå¦^••Á
	Ô^||ÁÚ@}^ÁÚ¦[çãå^¦ÁÇ[¦Á&| ˘à•Á[Á^}åÁ{ æã•Áæ•ÁæÁc^¢dDÁ Bell Eastlink Koodo Rogers Telus Virgin Mobile Other:
	Ùd^^cÁ^˘{ à^¦Áæ}åÁPæ{ ^Á
	ÚUÁÔ[¢Á[¦ÁT æãã* ÁŒåå¦^••Á / Ôãc ÁÁ / Ú¦[çã &^Á NL / Ú[•œÁÔ[å^Á

OER'%		OER'GzRKT[FCVG	^^^^Ë{ Ëåå
FCVG'QH' DKTVJ	^^^^Ë{ Ëåå	CI G<	I GPFGT" Male Female

EQPVCEV" RGTUQP'HQT" CVJ NGVG" (GENERALLY PARENT OR GUARDIAN)	
	Øã•cÁPæ{ ^Á / Šæ•cÁPæ{ ^Á
	Ùd^^cÁ^˘{ à^¦Áæ}åÁPæ{ ^Á (if different from the Athlete)
	ÚUÁÔ[¢Á[¦ÁT æãã* ÁŒåå¦^••Á / Ôãc Á / Ú¦[çã &^Á NL / Ú[•œÁÔ[å^Á
	Ô^||ÁÚ@}^Á / Ò{ æãÁŒåå¦^••Á
	Ù^&[}åæ¦ Á[¦ÁP[{ ^ÁÚ@}^Á / Ù^&[}åæ¦ ÁÒ{ æãÁŒåå¦^••Á
	Ô^||ÁÚ@}^ÁÚ¦[çãå^¦ÁÇ[¦Á&| ˘à•Á[Á^}åÁ{ æã•Áæ•ÁæÁc^¢dDÁ Bell Eastlink Koodo Rogers Telus Virgin Mobile Other:

NKXKPI " UKVWCVKQP	Parental / Non-parental Family / Foster Parents/Caregiver/Guardian / Independent Group Home / Supported Independant Living / Prefer not to say
	Pæ{ ^Á[-ÁÕ¦[˘]ÁP[{ ^Á / Õ¦[˘]ÁP[{ ^ÁÚ@}^ÁÞ˘{ à^¦Á
UQEKCN" Y QTMGT	Pæ{ ^Á[-ÁU[&ãæ|ÁY [¦\^¦Á / Ù[&ãæ|ÁY [¦\^¦ÁÚ@}^ÁÞ˘{ à^¦Á

TGURKVG"	Y km'c"qpg/qp/qpg'r gtuqp"ceeqo r cp{ "vj ku'athlete vq"Ur gekcn'Qn{ o r keu'Rtqi tco uA Yes No	CODE OF CONDUCT & ETHICS AGREEMENT	Agree / Disagree	OGFKE'TGNGCUG Y CKXGT	Agree / Disagree

URQTVU" CVJ NGVG'KU" TGI KUVGTKPI " HQT'VJ KU" [GCT"	Requested:	Approved: (Club Use Only. **DO NOT FILL OUT!**)

URGEKCN'QN[ORKEU'PGY HQWPFNCPF'('NCDTCFQT

CVJ NGVG'OGFKECN'HQTO '-'Generic

HkTUV'PCOG		OKFFNG'PCOG1 KPKVKCN"	
NCUV'PCOG		PKEMPCOG1 RTGHGTTGF'PCOG	
FCVG'QH'DKTVJ	ˆˆˆˆÁÁ{ Ááå	CI G<"	
I GPFGT"	Male Female		
OER%		OER GZRKT['FCVG	yyyy.mm.dd
FQEVQTøU' PCOG		Ö[&q[¦q ÁÚ@}^Á Þ˘{ à^¡Á	
RTKOCT[GOGTI GPE[EQPVCEV	Þaq{ ^Á	Ü^|æ‡ã}shipÁ{ ÁŒc@|^c^Á	
	Ô^||ÁÚ@}^Á	Œ|c^¦}æc^ÁÚ@}^Á	
UGEQPFCT[GOGTI GPE[EQPVCEV	Þaq{ ^Á	Ü^|æ‡ã}•@ã to AthleteÁ	
	Ô^||ÁÚ@}^Á	Œ|c^¦}æc^ÁÚ@}^Á	

OGFKECN JKUVQT[

- Asthma — If yes, do they use an inhaler? Yes No
- Down Syndrome — If yes, Atlanto-Axial xray? Yes No Date: (month) (year) Positive Negative
- Cerebral Palsy
- Diabetic — If yes, treatment: Diet Pills Injection
- Heart Disease — If yes, specify:
- Major Surgery — If yes, specify:
- Seizures — If yes, Type: — How are seizures controlled?
- Tetanus Shot — Within 5 years 10 Years

Any Reactions and/or Special Care:

MEDICAL AIDS: Glasses Dentures Hearing Aid Contact Lenses Other:

RESPITE: Does this Athlete require the assistance of a respite worker? Yes No

ALLERGIES: *Medication, Food, Stings/Bites, etc*

ALLERGY CONTROL: *Symptoms, Treatment, etc*

SEE REVERSE SIDE

SPECIAL OLYMPICS NEWFOUNDLAND & LABRADOR
ATHLETE MEDICAL FORM, PAGE 2 - Generic

ATHLETE FULL NAME	
MEDICATIONS	**Medications (if more space is required, please attach an additional sheet):** Medication & Dosage: ______ Times: ______ Is this medication Self Administered? Yes No Medication & Dosage: ______ Times: ______ Is this medication Self Administered? Yes No Medication & Dosage: ______ Times: ______ Is this medication Self Administered? Yes No Medication & Dosage: ______ Times: ______ Is this medication Self Administered? Yes No Medication & Dosage: ______ Times: ______ Is this medication Self Administered? Yes No Medication & Dosage: ______ Times: ______ Is this medication Self Administered? Yes No Medication & Dosage: ______ Times: ______ Is this medication Self Administered? Yes No
SPECIAL DIET REQUIREMENTS	
BEHAVIOURAL	*Please indicate any behavioural problems this athlete might exhibit as well as describe effective strategies to deal with the behaviour. Please elaborate on a separate sheet where needed.*

One copy of this form should be kept on file with the Regional Coordinator, and another with the head coach of any program in which the athlete is participating. Please inform the coaches and Regional Coordinator of all changes in the athlete's medical condition or treatment as they occur. Please ensure an updated medical form accompanies the athlete each time they travel to a competition, and that coaches are made aware of all pertinent medical facts both current and past.

SIGNATURE	______ Print Name ______ Date (yyyy/mm/dd) ______ Signature