

# ATHLETE REGISTRATION FORM (2024 / 2025)

**SOBC Local:** \_\_\_\_\_  Returning Athlete  New Athlete

\*\*Local is the community you wish to participate in

<b>ATHLETE INFORMATION</b>			
<b>First Name:</b>		<b>Last Name:</b>	
<b>Date of Birth (mm/dd/yyyy):</b>		<b>Gender:</b>	
<b>Athlete Email for Portal Account:</b>			
<b>(Optional) Parent/Guardian/Caregiver Email:</b>			
<b>Street Address:</b>			<b>City:</b>
<b>Postal Code:</b>	<b>Cell Phone:</b>		<b>Home Phone:</b>
<b>Athlete Living Situation:</b> <input type="checkbox"/> Parent / Guardian <input type="checkbox"/> Caregiver <input type="checkbox"/> Group Home <input type="checkbox"/> Independent			
<b>SPORTS PROGRAMS</b> (indicate sports athlete would like to register for – sports offered will vary by Local)			
<input type="checkbox"/> 5-Pin Bowling Winter (Monday) <input type="checkbox"/> 5-Pin Bowling Winter (Friday)  <input type="checkbox"/> 5-Pin Bowling Spring <input type="checkbox"/> Basketball <input type="checkbox"/> Bocce	<input type="checkbox"/> Curling <input type="checkbox"/> Floor Hockey <input type="checkbox"/> Golf <input type="checkbox"/> Rhythmic Gymnastics <input type="checkbox"/> Soccer <input type="checkbox"/> Softball	<input type="checkbox"/> Swimming <input type="checkbox"/> Track & Field <input type="checkbox"/> Active Start (ages 2-6) <input type="checkbox"/> FUNdamentals (ages 7-11) <input type="checkbox"/> Club Fit (Fitness) <input type="checkbox"/> Athlete Leadership Program	
<b>PARENT / GUARDIAN / CAREGIVER INFORMATION</b> (required if athlete is under 19 or otherwise has a legal guardian)			
<b>Name:</b>		<b>Relationship to Athlete:</b>	
<input type="checkbox"/> Same Contact Info as Athlete (please list anything different below)			
<b>Street Address:</b>			<b>City:</b>
<b>Postal Code:</b>	<b>Home Phone:</b>		<b>Cell Phone:</b>
<b>Email:</b>			
<b>EMERGENCY CONTACT INFORMATION</b>			
<b>Primary Contact Name:</b>			
<b>Relationship to Athlete:</b> <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Friend <input type="checkbox"/> Relative			
<b>Home Phone:</b>		<b>Cell Phone:</b>	
<b>Secondary Contact Name:</b>			
<b>Relationship to Athlete:</b> <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Friend <input type="checkbox"/> Relative			
<b>Home Phone:</b>		<b>Cell Phone:</b>	

ATHLETE NAME: \_\_\_\_\_ SOBC LOCAL: \_\_\_\_\_

**MEDICAL INFORMATION (if more space is needed, please attached a separate sheet)**

Health Card #:

Physician Name:

Physician Phone:

Medications & Dosages (please list) Self-Administered  Yes  No

Seizures:  Yes  No If yes, please indicate seizure type, frequency, and treatment plan:

Allergies:  Yes  No If yes, please provide Allergy Detail (including food, drugs, or other)

Allergy Treatment (ie. does the athlete carry an epi-pen, medication, etc.)

Down Syndrome  Yes  No

AAXray Date:

AAXRay Result:  Positive  Negative

Medical Conditions:

- Arthritis  Asthma  Depression  Epilepsy  High Blood Pressure  
 Diabetes (if yes please indicate treatment below in medical notes)  
 Other (if yes please provide details below in medical notes)

Health Devices (please list if athlete has glasses, contacts, hearing aids, etc.):

Dietary Requirements (please indicate any specific dietary requirements i.e., gluten or lactose free):

Medical Notes (please include any additional information):

*By filling in my name below I acknowledge that the information provided on this form is correct to the best of my knowledge and I will update this information should it change*

**ATHLETE SIGNATURE (if 19 years or over)**

Athlete Signature:

Date:

**PARENT/GUARDIAN SIGNATURE (required for athlete under 19 or who requires legal guardian to sign legal documents)**

Parent/Guardian Signature:

Date:

Printed Name:

Relationship to Athlete:

**\*\*If filling in and submitting the form online, you may type your name in the signature line\*\***

# SPECIAL OLYMPICS SIGNATURE FORM

The Special Olympics Terms and Conditions are basic rules for participation in Special Olympics. The full wording of the Terms and Conditions can be found here:



<https://www.specialolympics.ca/british-columbia/terms-and-conditions-participation>

Athletes/volunteers must agree to the Terms and Conditions to participate in Special Olympics. By signing below you agree to the Special Olympics Terms and Conditions on behalf of yourself or your child/ward.

## Part 1: CRIMINAL RECORD

Has the person who is being registered or enrolled ever been charged with or convicted of any criminal offence?

Circle one response:

**No**

**Yes**

## Part 2: MEDIA RELEASE OPT-IN/OPT-OUT

I allow Special Olympics to use my/their picture, words, or voice in promotional media.

Circle one response:

**Yes**

**No**

**Part 3: SIGNATURE**

**I agree to the Special Olympics Terms and Conditions and attest that my answers on the media release opt-in/opt-out and criminal record are true.**

**If you are signing for yourself, please complete this section:**

_____	_____
<b>First Name</b>	<b>Last Name</b>
_____	_____
<b>Signature</b>	<b>Date</b>

**OR**

**If you are signing on behalf of your child or ward, please complete this section:**

_____	_____
<b>Child/Ward First Name</b>	<b>Child/Ward Last Name</b>
_____	_____
<b>First Name</b>	<b>Last Name</b>
_____	_____
<b>Signature</b>	<b>Date</b>