Special Olympics North Carolina

Special Olympics Young Athletes

YOUNG ATHLETES REGISTRATION

PROGRAM INFORMATION

North Carolina County: _____

Location:

❒ **School** _____

❒ **Head Start** _____

❒ **Parks and Rec Dept.** _____

❒ **Home-Based**

❒ **Other** _____

YOUNG ATHLETES PARTICIPANT INFORMATION

Name: _____

Date of birth: _____

Gender	Has an Intellectual or Developmental Disability	T-Shirt Size
❒ Male	❒ Yes	❒ Youth Small
❒ Female	❒ No	❒ Youth Medium
		❒ Youth Large

Please mark items you would like Special Olympics to know about:

❒ **Requires Wheelchair Accessible Locations**

❒ **Language Needs:** _____

❒ **Medical Conditions:** _____

❒ **Special Diet:** _____

❒ **Other:** _____

PARENT/GUARDIAN INFORMATION

_____
Name **Relationship**

_____
Street Address

_____
City **State/Province** **Zip Code**

_____ ( )
Email **Cell Phone**

EMERGENCY CONTACT INFORMATION (other than Parent/Guardian; Parent/Guardian will be contact first in an emergency)

_____ ( )
Contact Name **Relationship** **Cell Phone**

YOUNG ATHLETES RELEASE FORM

I am the Parent or Guardian of the Young Athletes participant named below and agree to the following:

1. **Able to Participate.** The Young Athlete is able to take part in Special Olympics. I understand there is a risk of injury.

2. **Photo Release.** Special Olympics organizations may use the Young Athlete's picture, video, name, voice, and words to promote Special Olympics.

3. **Emergency Care.** If a medical emergency should arise during the Young Athlete's participation in Special Olympics activities at a time when a parent or guardian is not present to make medical decisions, I consent to medical care for the Young Athlete if needed, unless I check one of these boxes:

   ☐ I have a religious or other objection to the Young Athlete receiving medical treatment.
   ☐ I consent to emergency medical care, but I do not consent to blood transfusions for the Young Athlete.
   (If either box is checked, an EMERGENCY MEDICAL CARE REFUSAL FORM must be completed.)

4. **Health Programs.** If the Young Athlete takes part in a Special Olympics health program, I consent to health activities, exams, and treatment for the Young Athlete. This should not replace regular health care. I can say no to treatment or anything else any time for the Young Athlete.

5. **Personal Information.** I understand personal information may be used and shared by Special Olympics to:
   - Make sure the Young Athlete can participate safely;
   - Run trainings and events and share results;
   - Put the Young Athlete's information in a computer system;
   - Provide health treatment, make referrals, consult doctors, and remind me about follow-up services;
   - Research, share, and respond to needs of Special Olympics participants (identifying information removed if shared publically); and
   - Protect health and safety, respond to government requests, and report information required by law.

   I can ask to see and change the Young Athlete's information. I can ask to limit how the information is used.

6. **Concussions.** I understand the risk of concussions and continuing to play sports with a concussion. The Young Athlete may have to get medical care if a concussion is suspected. The Young Athlete also may have to wait 7 days or more and get permission from a doctor before they start playing sports again.

YOUNG ATHLETE NAME: _____

PARENT/GUARDIAN SIGNATURE

I am a parent or guardian of the Young Athlete. I have read and understand this form. By signing, I agree to this form on my own behalf and on behalf of the Young Athlete.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____ Relationship: _____