

# SPECIAL OLYMPICS WAKE COUNTY 2020 SPRING SPORT REGISTRATION FORM

DUE no later than **Wednesday, February 26, 2020**

Athlete Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/ Guardian Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_ Parent/Guardian Phone: \_\_\_\_\_

Emergency Contact Name & Phone Number: \_\_\_\_\_

**(If different from above)**

Athlete Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Athlete Email: \_\_\_\_\_ Athlete Phone: \_\_\_\_\_

Athletes can practice in multiple sports, IF their schedule allows; however, they must choose only ONE sport to compete in.

SPORT	I WILL PRACTICE AND COMPETE IN THIS SPORT: (you can only choose ONE)	IN ADDITION TO THE SPORT I WANT TO COMPETE IN, I WOULD ALSO LIKE TO PRACTICE IN THIS SPORT:	PLEASE LIST YOUR SKILL LEVEL OR YOUR 2018 TEAM
Aquatics	If interested in participation, please email Coach Chris ( <a href="mailto:chris@raleighracers.org">chris@raleighracers.org</a> )		
Athletics (Track & Field)			N/A
Bowling			N/A
Gymnastics	If interested in participation, please call our office at 919-996-2147.		
Powerlifting			N/A
Softball Skills – Garner, NC			N/A
Softball Team			
Volleyball Team - Modified			N/A

**Please indicate the following for the athlete's participation:**

~Height: \_\_\_\_\_ ~Weight: \_\_\_\_\_ Adult Men's T-shirt size (S, M, L, XL, XXL): \_\_\_\_\_

**Please indicate the following for the athlete's participation:**

YES	NO	
		Athlete wishes to participate in any invitational competitions for respective competition sport.
		Athlete will ride transportation provided by City of Raleigh transportation to/from Jaycee Park (2401 Wade Ave Raleigh 27607) for competition(s). If yes, you will need to submit a Trip Permission and Medical Form prior to travel.
		I understand it is my responsibility to have a Special Olympics Medical/Consent Form on file prior to <b>March 8, 2020</b> or I am not eligible for training or state-level competitions.

Athletes with up-to-date Special Olympics North Carolina Athlete Participation Forms (medicals) **are** insured at practice and competition by Special Olympics North Carolina. The City of Raleigh does not insure participants and requires the following release for using city facilities and vehicles.

**City of Raleigh Release and Indemnity Agreement**

I understand that participating in the recreational program(s) selected involves risk of injury. These risks include weather, accidents while traveling, equipment problems or failure, contact with and actions of other participants, slips/trips/falls, and musculoskeletal injuries, among others. I choose for myself or for my child to participate in the selected program(s) despite the risks.

By signing this form, I acknowledge all risks of injury, illness, and death and affirm that I have assumed all responsibility of injury, illness, or death in any way connected with participation in the program(s). I also agree for myself and for any child participant to follow all rules and procedures of the program and to follow all rules and procedures of the program and to follow the reasonable instructions of the teachers and supervisors of the program.

In return for the opportunity to participate in this program, I agree for myself and my heirs, assigns, executors, and administrator to release, waive, and discharge any legal rights I may have to seek payment or relief of any kind from the City, its' employees or its' agents for injury, illness, or death resulting from this program. If I am registering a child for a program, I agree that I am a parent, legal guardian, or am otherwise responsible for the child whose application I am submitting and that I release, waive, and discharge any legal rights that I may assert on behalf of the child participating in the program(s). I also agree not to sue the City, its' employees, or its' agents and agree to indemnify the City for all claims, damages, losses, or expenses, including attorney fees, if a suit is filed concerning an injury, illness, or death to me or to my child resulting from participation in the program(s).

I understand that the City of Raleigh provides no insurance coverage for me. I have read this document thoroughly and understand that by signing this form I am waiving legal rights.

Athlete/Parent/Guardian Name: \_\_\_\_\_

Athlete/Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*If athlete is under 18yo or not their own guardian, Parent/Guardian must sign

**Return no later than **Wednesday, February 26, 2020** to:**

Mail: Raleigh Parks, Recreation, and Cultural Resources Department  
 Attn: Special Olympics Wake County  
 2401 Wade Ave  
 Raleigh, NC 27607

Email: [Special.Olympics@raleighnc.gov](mailto:Special.Olympics@raleighnc.gov)

