

SPECIAL OLYMPICS ALBERTA - CALGARY
ATHLETE REGISTRATION AND MEDICAL FORM
2016-2017

ATHLETE PROFILE

LAST NAME: _____ FIRST NAME: _____ YEAR STARTED WITH SPECIAL OLYMPICS: _____
APT/UNIT #: _____ ADDRESS: _____ CITY: _____ POSTAL CODE: _____
HOME NUMBER: _____ CELL NUMBER: _____ WORK NUMBER: _____
EMAIL (athlete): _____ DATE OF BIRTH: _____ (MM/DD/YYYY)
GENDER: MALE FEMALE SPOKEN LANGUAGES: ENGLISH FRENCH OTHER _____

DISABILITY: _____
Please provide a description of the athlete's disability in order to help the coach's better assist the athlete: _____

ALLERGIES: YES NO DIETARY CONCERNS: YES NO
If yes, please describe: _____ If yes, please describe: _____

For tournament and special event purposes, please **circle** athlete's unisex t-shirt size: XS S M L XL 2XL 3XL 4XL
ADULT or YOUTH

BEST CONTACT INFORMATION

BEST CONTACT NAME: _____ RELATIONSHIP: _____ PHONE NUMBER: _____
CONTACT EMAIL: _____
SOC will communicate via email for program updates and cancellation(s), newsletters, ticket giveaways and general information. Please provide the best email address to be used for this purpose.

MEDIA

- Yes, I allow photos to be taken of me at various competitions and events and I allow them to be used in Special Olympics publications.
 No, I do not allow photos to be taken of me at program, competitions and events and I do not allow them to be used in Special Olympics publications.
*If you **DO NOT** wish your name and photos to be used in publications or provided to the media, you must fill out a media opt out form*

TRANSPORTATION

PARENT/GUARDIAN PUBLIC TRANSPORTATION ACCESS CALGARY | ACCOUNT # _____

If we have to contact an individual who has driven the athlete to the program, who do we contact. **This individual must be available to SOC representatives during program and/or tournament opportunities.**

NAME: _____ MAIN NUMBER: _____ ALTERNATIVE NUMBER: _____

ATHLETE'S NAME: _____

MEDICAL INFORMATION

ALBERTA HEALTH CARE NUMBER: _____

DOCTOR'S NAME: _____

AISH NUMBER: _____ *This number is needed if the athlete is taken to the hospital*

DOCTOR'S NUMBER: _____

1. EMERGENCY CONTACT: _____

RELATIONSHIP: _____

MAIN NUMBER: _____

ALTERNATE NUMBER: _____

2. EMERGENCY CONTACT: _____

RELATIONSHIP: _____

MAIN NUMBER: _____

ALTERNATE NUMBER: _____

<input type="checkbox"/> DOWN SYNDROME Date of last Atlantoaxial Dislocation X-Ray: _____ DD/MM/YYYY X-RAY RESULT: <input type="checkbox"/> Negative <input type="checkbox"/> Positive IF POSITIVE YOU MUST COMPLETE AN ATLANTOAXIAL INSTABILITY RELEASE FORM	<input type="checkbox"/> BRAIN INJURY Date of Injury: _____ DD/MM/YYYY Age injury occurred: _____	<input type="checkbox"/> SEIZURES <input type="checkbox"/> CONTROLLED BY MEDICATION FREQUENCY: _____ SEIZURE TYPE: _____ REGULAR DURATION: _____ ADDITIONAL INFORMATION THAT WILL ASSIST THE COACHES: _____ _____	<input type="checkbox"/> DIABETIC TYPE: _____ INJECTION SCHEDULE: _____ _____
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DOES THE ATHLETE HAVE ANY OF THE FOLLOWING? *Please check all that apply*

- | | | | |
|----------------------------------------------|---------------------------------------------|----------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> ASTHMA | <input type="checkbox"/> EMOTIONAL PROBLEMS | <input type="checkbox"/> HEPATITIS | <input type="checkbox"/> TETANUS SHOT _____
date |
| <input type="checkbox"/> BLEEDING PROBLEMS | <input type="checkbox"/> FAINTING SPELLS | <input type="checkbox"/> HIGH BLOOD PRESSURE | <input type="checkbox"/> VISION PROBLEMS |
| <input type="checkbox"/> BONE/JOINT PROBLEMS | <input type="checkbox"/> HEARING CONDITIONS | <input type="checkbox"/> KIDNEY PROBLEMS | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> CONTAGIOUS DISEASE | <input type="checkbox"/> HEART PROBLEMS | <input type="checkbox"/> MOTOR IMPAIRMENT | <input type="checkbox"/> NONE |

If yes, please explain any extra details: _____

DOES THE ATHLETE USE ANY OF THE FOLLOWING? *Please check all the apply*

- GLASSES
 CONTACT LENSES
 HEARING AID
 WHEELCHAIR
 WALKER
 NONE

If yes, please explain any extra details: _____

MEDICATION REQUIREMENTS The athlete requires no medication

How is the medication administered: ___ SELF ___ SUPERVISED ___ NEEDS ASSISTANCE

MEDICATION: _____ DOSAGE: _____ TIME(S): _____

MEDICATION: _____ DOSAGE: _____ TIME(S): _____

MEDICATION: _____ DOSAGE: _____ TIME(S): _____

MEDICATION: _____ DOSAGE: _____ TIME(S): _____

ATHLETE'S NAME: _____

ATHLETE BEHAVIOUR

WHAT KIND OF ASSISTANCE DOES THE ATHLETE REQUIRE AT OUR PROGRAMS/EVENTS? (Must check one)

_____ **NONE/MINIMAL (Independent)**
The individual is able to follow instructions given, and has the ability to cope with being out of their usual environment and work with individuals who are unfamiliar.

_____ **CONSTANT SUPERVISION/ONE TO ONE SUPPORT**
Athlete has one or more of the following: unable to consistently follow directions given, requires assistance with personal care, tendency to run, behaviour outbursts, unable to cope outside of usual environment.

SOCalgary programs are run by volunteers. We do not provide one to one support before, during and/or after a Special Olympics program. Individual sport programs will have a volunteer to athlete ratio of: winter sports 1:3, summer sports 1:4 while team sports will have a ratio of 1:5. If it is determined by our coaches that an athlete requires constant supervision or one to one support, the athlete's guardian/caregiver will be responsible to arrange having a support person assist the athlete at the program.

How does the athlete adapt to new situations? _____ _____ _____	Behavioural Concerns: _____ _____ _____	Effective Behavioral Techniques: _____ _____ _____
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LIVING SITUATION

PARENT SUPPORTED INDEPENDENT LIVING GROUP HOME

INDEPENDENT NON-PARENTAL FAMILY NAME OF GROUP HOME: _____

CAREGIVER/GUARDIAN OTHER _____ GROUP HOME PHONE NUMBER: _____

NAME OF SUPPORT WORKER: _____

SUPPORT WORKER PHONE NUMBER: _____

CURRENT EMPLOYMENT AND EDUCATION

WORK COMPANY NAME: _____ POSITION: _____

SCHOOL SCHOOL NAME: _____ GRADE OR PROGRAM: _____

PARENT/GUARDIAN

THE ATHLETE IS THEIR OWN GUARDIAN

LAST NAME: _____ FIRST NAME: _____ RELATIONSHIP: _____

APT/UNIT #: _____ ADDRESS: _____ CITY: _____ POSTAL CODE: _____

HOME NUMBER: _____ CELL NUMBER: _____ EMAIL: _____

SPECIAL EVENTS

Special Events are fundraisers and/or awareness campaigns held throughout the year in support of Special Olympics. Athletes will be contacted by SOC staff or other representatives to volunteer at these events. Athletes must be able to arrange their own transportation to and from these events.

I am interested in assisting with special events when needed.

ATHLETE'S NAME: _____

ATHLETE/PARENT/GUARDIAN RELEASE

TRANSPORTATION

Should the arranged transportation for the athlete not arrive at the program within 15 minutes of the end of the program, the contact person will be notified to pick up the athlete immediately. If we are not able to reach anyone after an athlete has not been picked, our coaches may send the athlete home in a taxi at your own expense. If an athlete's pick up is late more than 3 times, the athlete may have to be removed from the program if alternate transportation arrangements cannot be made. Our volunteers are only required to remain at the program facility for 15 minutes after the program.

PRIVACY STATEMENT

Special Olympics Alberta and its affiliates use the personal information collected on this form to establish your registration as an athlete; establish your eligibility to participate in our programs or receive our services; communicate with your immediate family members; ensure your health and safety needs and enable effective handling of medical emergencies; and complete statistical analysis for affiliate, program, sport, and other development, where your data would be part of an aggregate. It is used to establish your identity, administer and manage our programs and services to athletes, families and volunteers; communicate with you; and respond to your inquiries. Please visit Special Olympics Alberta's website at specialolympics.ab.ca/privacy-statement for the complete privacy statement.

WAIVER

I, the undersigned athlete (parent/caregiver/legal guardian), hereby request permission to participate in Special Olympics programs. I agree to abide by Special Olympics rules, policies, procedures, philosophies, and code of conduct. I represent and warrant that I am physically and mentally able to participate in Special Olympics programs, competitions and activities. I acknowledge that I will be using facilities and programs at my own risk and I hereby release, discharge, and indemnify Special Olympics Alberta - Calgary and Special Olympics Alberta, and the directors, officers, volunteers, and staff of these organizations from all liability for injury to person or damage to property both now and in the future. Photos taken of me at various competitions and events, along with my name, may be used in Special Olympics publications, such as, but not limited to, the annual report, website, and newsletters. Your name, likeness, voice, and words may be provided to the media (including television, radio, film, newspaper, magazines and other media) for the purpose of advertising, promoting, and appealing for funds in support of Special Olympics unless otherwise signed for Media-opt out. If I am unable to be consulted in case of any emergency or necessity, Special Olympics and its agents are authorized on my behalf and for my account to take such measure and arrange for medical and hospital treatment as may be deemed advisable for my health and well-being. I understand that any misrepresentation or omission of information on my part is cause for refusal or dismissal as an athlete with Special Olympics.

I affirm that I have read the above and that the information I have given is true and complete and I will update this information as it changes.

ATHLETE OR GUARDIAN: _____
PRINT NAME

SIGNATURE _____

IF GUARDIAN, WHAT IS RELATIONSHIP: _____

DATE _____

Has the guardian changed in the last year? YES _____ NO _____

If so, you will need to complete a new Release and Indemnity. Please contact the office

HOW DID YOU HEAR ABOUT SPECIAL OLYMPICS?

Please check all that apply

- FAMILY/FRIENDS ADVERTISEMENT DOCTOR FACEBOOK WEBSITE
- RESOURCE CENTRE SOCIAL SERVICES SCHOOL TWITTER NEWS/TV
- SOCIAL WORKER COMMUNITY NEWSLETTER GOOGLE INSTAGRAM OTHER _____



ATHLETE'S NAME: _____

Release and Indemnity Agreement (Athletes)

In consideration of accepting the registration for the undersigned athlete ("Athlete") in any one or more of the fitness, recreation, and sport programs offered by or through Special Olympics Alberta, and whether or not the Athlete participates in any or all of the programs offered from time to time, the undersigned Athlete and the undersigned parent or legal guardian, as the case may be, of the Athlete ("Guardian") both in the Guardian's personal and representative capacity, hereby release and indemnify each of Special Olympics Canada Inc., Special Olympics Alberta Inc., each local affiliate of Special Olympics Alberta ("Local Affiliate"), and all of the respective directors, officers, employees, agents, coaches and volunteers of Special Olympics Canada, Special Olympics Alberta, and the Local Affiliates, both now and in the future, from any and all claims, damages, actions, or liabilities whatsoever ("Liability") related to the death of, or injury to the Athlete which in any way relates to or arises out of the participation of the Athlete in any or all of the fitness, recreation, or sports programs now or hereafter offered by Special Olympics Canada, Special Olympics Alberta, or any Local Affiliate (collectively called "Special Olympic Programs") except only any Liability arising from the negligence of or willful misconduct of any of the parties released and indemnified by this agreement.

The undersigned Athlete and Guardian acknowledge that this Release and Indemnity Agreement is of an indefinite duration and shall be effective from the date of this Agreement, whenever and for so long as the Athlete participates in any of the Special Olympic Programs until this Agreement is terminated. This Agreement may be terminated by the Athlete or the Guardian on 30 days written notice to Special Olympics Alberta at its provincial office in Edmonton. The Athlete and the Guardian acknowledge that participation in any or all of the Special Olympic Programs shall at all times be subject to the absolute discretion and control of Special Olympics Alberta, and the authority to participate in the Special Olympic programs may be withdrawn at any time and for any reason that Special Olympics Alberta deems appropriate.

If neither the Athlete nor the Guardian are able to be immediately consulted in the case of a medical emergency, each of the Athlete and the Guardian authorizes Special Olympics Alberta, by its senior representative immediately available at the location of the emergency, to take such measures and arrange for such medical and hospital treatment as is deemed advisable by a licensed physician, for the emergency care and treatment of the Athlete.

THIS RELEASE AND INDEMNITY AGREEMENT

Has been duly executed on _____, 20_____

(ATHLETE'S SIGNATURE)

(PARENT OR LEGAL GUARDIAN'S SIGNATURE)

(PRINT ATHLETE'S NAME)

(PRINT NAME AND RELATIONSHIP TO ATHLETE)

ATHLETE'S NAME: _____

SPECIAL OLYMPICS ALBERTA - CALGARY CODE OF CONDUCT

Athletes, coaches and volunteers of Special Olympics Alberta - Calgary shall conduct themselves in a manner which fosters a positive, enjoyable and cooperative environment for him/herself, teammates, coaches, officials and all other participants in Special Olympics activities. All registered participants must satisfy the following conditions:

Sportsmanship

- I will practice good sportsmanship
- I will not engage in any type of inappropriate behaviour or sexual activity. I will not fight, use bad language, insult, bully or abuse and Special Olympics athlete, volunteer, officials, spectator or staff
- I will train regularly and commit to knowing and playing by the rules of my sport
- I will listen to my coaches and the officials and ask questions when I do not understand
- I will always try my best during training, divisioning and competitions
- I will not hold back in preliminaries just to get into an easier final heat

Athletes, Coaches and Volunteers MUST:

- Be on time for all program activities
- Dress appropriately
- Respect equipment and facilities
- Respect other participants, coaches, athletes and officials at all times
- Advise the head coach if unable to attend a practice or tournament
- Be an enthusiastic participant

Other Coach and Volunteer Responsibilities:

- Ensure a positive experience and provide quality service to the athletes
- Be a positive role model for athletes
- Show leadership
- Provide input through the head coach for program improvement
- Attend training and development activities
- Participate fully in all program activities

Parents, Guardians and Caregivers Responsibilities:

- Respect the rules of the sport, the coaches, officials and SOC staff
- Be a positive role model, not letting emotions interfere with the athletes' participation; de-emphasize winning and losing
- Ensure that all registration and medical forms are complete and accurate
- Pay fees in a timely manner
- Arrange for transportation to and from programs and activities
- Ensure that athletes arrive on time for programs and are picked up from the program within 15 minutes of the end of the program

The following actions and behaviours of athletes, coaches and officials will NOT be tolerated:

- Use of illegal substance and/or alcohol, or abuse of prescription medication at or prior to athlete programs, activities and functions
- Physical or verbal abuse or violent behaviour such as hitting, punching, kicking, etc.
- Bullying, use of profanity, threats or abusive language at any athlete program or activity
- Any sexual behaviours such as suggestive language, sexual contact, inappropriate displays of affection
- Disregard for facilities including their rules and regulations

I understand that this code of conduct is a general guide for my conduct and does not describe all types of good and poor behaviour. I also understand that if I do not comply with this Code of Conduct it may result in my suspension or removal from the program

Print Name (athlete, volunteer or coach)

Signature

Date

Name and signature of Guardian/caregiver (if appropriate)

Date