

# ATHLETE REGISTRATION FORM

**Special Olympics**  
Oklahoma



SOOK Team: \_\_\_\_\_ Coach Name \_\_\_\_\_

Coach Cell # \_\_\_\_\_ Coach Email \_\_\_\_\_

## ATHLETE INFORMATION

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_  Female  Male

Race/Ethnicity (Optional):  
 American Indian/Alaskan Native  Asian  
 Black or African American  Hispanic or Latino  
 White  Two or More Races

Athlete's Area Name & City: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Sports/Activities: \_\_\_\_\_

Athlete Employer, if any (Optional): \_\_\_\_\_

Does the athlete have the capacity to consent to medical treatment on his or her own behalf?  Yes  No

## PARENT / GUARDIAN INFORMATION

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Same Contact Info as Athlete

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Same as Parent/Guardian

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## PHYSICIAN & INSURANCE INFORMATION

Physician Name - **PRINT**: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Insurance Policy Number: \_\_\_\_\_

Insurance Group Number: \_\_\_\_\_

# ATHLETE RELEASE FORM

**Special Olympics**  
Oklahoma



I agree to the following:

- 1. Ability to Participate.** I am physically able to take part in Special Olympics activities.
- 2. Likeness Release.** Special Olympics Oklahoma and their sponsors and partners have my permission to use my likeness, photo, video, name, voice and words in either television, radio, film, newspapers, magazines and other social media, and in any form, for the purpose of advertising or communicating the purposes and activities of Special Olympics and/or fundraising efforts to support those purposes and activities. I understand neither the athlete or his/her family will be compensated for the use of his/her likeness.
- 3. Risk of Concussion and Other Injury.** I know there is a risk of injury. I understand the risk of continuing to play sports with or after a concussion or other injury. I may have to get medical care if I have a suspected concussion or other injury. I also may have to wait 7 days or more and get permission from a doctor before I start playing sports again.
- 4. Emergency Care.** If I am unable, or my parent/guardian is unavailable, to consent or make medical decisions in an emergency, I authorize Special Olympics to seek medical care on my behalf and take whatever measures necessary to protect my health and well-being, including, if necessary, hospitalization.
- 5. Overnight Stay.** I acknowledge, understand and have read the SOOK Housing Policy concerning overnight travel & lodging that is available on the [www.sook.org](http://www.sook.org) website.
- 6. Health Programs.** By signing below, I consent to my participation in the Healthy Athletes Program. I understand that I should seek independent medical advice and assistance as I, or my parent/guardians, are responsible for my health.
- 7. Personal Information.** I understand that Special Olympics will be collecting my personal information as part of my participation, including my name, image, address, telephone number, health information, and other personally identifying and health related information I provide to Special Olympics ("personal information").
  - I agree and consent to Special Olympics:
    - using my personal information in order to: make sure I am eligible and can participate safely; share competition results; provide health treatment if I participate in a health program; analyze data for the purposes of improving programming and identifying and responding to the needs of Special Olympics participants.
    - sharing my personal information with medical professionals in an emergency,
  - *Sharing of Personal Information.* Personal information may be shared consistent with this form and as further explained in the Special Olympics privacy policy at [www.SpecialOlympics.org/Privacy\\_Policy.aspx](http://www.SpecialOlympics.org/Privacy_Policy.aspx).

<b>Athlete Name:</b>	<b>E-mail:</b>
<b>ATHLETE SIGNATURE</b> (required for adult athlete with capacity to sign legal documents)	
I have read and understand this form. If I have questions, I will ask. By signing, I agree to this form.	
<b>Athlete Signature:</b>	<b>Date:</b>
<b>PARENT/GUARDIAN SIGNATURE</b> (required for athlete who is a minor or lacks capacity to sign legal documents)	
I am a parent or guardian of the athlete. I have read and understand this form and have explained the contents to the athlete as appropriate. By signing, I agree to this form on my own behalf and on behalf of the athlete.	
<b>Parent/Guardian Signature:</b>	<b>Date:</b>
<b>Printed Name:</b>	<b>Relationship:</b>