

# UNIFIED PARTNER REGISTRATION

**Special Olympics**



GENERAL INFORMATION		
Name: (first, middle, last)		
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Cell #:	Email:	
Have you ever been charged with and/or convicted of neglect, abuse or assault? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has your driver's license ever been suspended or revoked in any jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No		
BACKGROUND INFORMATION (only required for participants 14 years and older)		
Do you use illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of a criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been charged with and/or convicted of neglect, abuse or assault? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has your driver's license ever been suspended or revoked in any jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you answered "yes" to any of the questions, please provide details:		
HEALTH INFORMATION <span style="float: right;">** Health information is collected in case of emergency</span>		
Please mark if you have any of the following conditions and provide details:		
<input type="checkbox"/> Allergies:		
<input type="checkbox"/> High Blood Pressure:		
<input type="checkbox"/> Heart Condition:		
<input type="checkbox"/> Asthma or Respiratory Condition:		
<input type="checkbox"/> Mental Health Condition:		
<input type="checkbox"/> Epilepsy or Seizure Disorder:		
<input type="checkbox"/> Neurological Condition:		
<input type="checkbox"/> Diabetes:		
<input type="checkbox"/> Other Health Conditions:		
Please list any prescription medications below:		
Medication Name	Dosage	Times per Day

Unified Partners ages 14+ are required to complete a [Volunteer Application](#), the online Protective Behaviors training and they must also submit the Background Check. Access the Volunteer Application and Protective Behaviors training at [www.sook.org](http://www.sook.org) – Get Involved – Become a Volunteer – Class A Volunteers



**UNIFIED PARTNER RELEASE**

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 participate with or after a concussion or other injury. I may have to get medical care if I have a suspected concussion or other injury.
4. **Emergency Care.** If I am unable, or my 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. **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.
6. **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.
7. **Background Check Authorization.** By signing below, I acknowledge that, as a Unified Partner (age 14+), a required background check will be conducted and I authorize that check and disclosure of that background check to Special Olympics Oklahoma. The background check may include an inquiry into my employment, education, driving, and/or criminal history.
8. **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 Unified Partner or his/her family will be compensated for the use of his/her likeness.
9. **Waiver and Liability Release.** I understand the risks involved with participation in Special Olympics activities. I fully accept and assume all such risks and all responsibility for losses, costs, and damages I may incur as a result of my participation. I hereby release and agree not to sue any Special Olympics organization, its directors, agents, volunteers, and employees, and other participants ("Releasees") related to any liabilities, claims, or losses on my account caused or alleged to be caused in whole or in part by the Releasees. I further agree that if, despite this release, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify and hold harmless each of the Releasees from any such liabilities, claims, or losses as the result of such claim. I agree that if any part of this form is held to be invalid, the other parts shall continue in full force and effect.

<b>Name:</b>	
<b>UNIFIED PARTNER SIGNATURE</b> (required for adult 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>Unified Partner Signature:</b>	
<b>Date:</b>	
<b>Printed Name:</b>	
<b>PARENT / GUARDIAN SIGNATURE</b> (required for participant who is a minor or lacks capacity to sign legal documents)	
I am a parent or guardian of the participant. I have read and understand this form and have explained the contents to the participant as appropriate. By signing, I agree to this form on my own behalf and on behalf of the participant.	
<b>Parent / Guardian Signature:</b>	
<b>Date:</b>	
<b>Printed Name:</b>	<b>Relationship:</b>