

## REGISTRATION FORM

<b>TEAM INFORMATION</b>			
Delegation Name:		Coach Name:	
<b>ATHLETE INFORMATION</b>			
First Name:		Last Name:	
Date of Birth (mm/dd/yyyy):		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
<b>Race/Ethnicity (Optional):</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White			
Address:			
City:			
Phone:		State:	Zip Code:
<b>HEALTH INFORMATION</b>			
<b>Please mark if you have any of the following conditions and provide details if applicable:</b>			
<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"/> Eyeglasses/contacts:			
<input type="checkbox"/> Hearing Impairment:			
<input type="checkbox"/> Other Health Conditions:			
Child's Physician:		Physician Phone #:	
*For children with Down Syndrome, Special Olympics strongly recommends that parents/guardians speak with their family physician about having their child tested for Atlanto-Axial Instability (AAI). AAI describes increased flexibility in the upper neck, which, if present, may place the spinal cord at risk for injury.			
<b>PARENT / GUARDIAN INFORMATION</b>			
Name:		Relationship: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian	
<input type="checkbox"/> Address same as above	Address, if different:		
City:		State:	Zip Code:
Phone:		E-mail:	



## RELEASE FORM

I am the parent/guardian of the above minor participant, on whose behalf I have submitted the attached application for participation in Special Olympics. The participant has my permission to participate in Special Olympics activities. I further represent and warrant that to the best of my knowledge and belief, the participant is physically and mentally able to participate in Special Olympics.

In permitting the participant to participate, I am specifically granting my permission, forever, to Special Olympics to use the participant's likeness, name, voice and words in television, radio, film, newspapers, magazines, internet and other media, for purposes of publicizing, promoting or communicating the purposes and activities of Special Olympics and/or applying for funds to support those purposes and activities. I also understand that group data collected from the Young Athletes Program may be used to plan, evaluate, and improve the program.

If a medical emergency should arise during the participant's participation in any Special Olympics activities, at a time when I am not personally present so as to be consulted regarding the participant's care, I hereby authorize Special Olympics, on my behalf, to take whatever measures are necessary to ensure that the participant is provided with any emergency medical treatment, including hospitalization, which Special Olympics deems advisable in order to protect the participant's health and well-being.

By signing below, I consent to the participants' participation in the Healthy Athletes Program. I understand that I should seek independent medical advice and assistance, as I am responsible for the participant's health. I understand that information gathered as part of the screening may be used anonymously to assess and communicate overall health and needs of participants and to develop programs to address those needs.

As the parent/guardian of the participant named in this application. I have read and fully understand the provisions of the above release, and have explained these provisions to the participant. Through my signature on this release form, I am agreeing to the above provisions on my own behalf and on the behalf of the participant named above. I hereby give my permission for the participant named above to participate in Special Olympics games, recreation programs, and physical activity programs.

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Parent/Guardian Signature

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Date

## WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT FOR COMMUNICABLE DISEASES

In consideration of being allowed to participate in any way in Special Olympics sports training, competition or fundraising activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious and/or communicable diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Special Olympics, Inc., Special Olympics Oklahoma, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

**I HAVE READ, OR HAD READ TO ME, THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

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

Participant Signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

### **FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

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

Parent/Guardian Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_