



STUDENT – ATHLETE REGISTRATION FORM

NOTE: This is a school board authorized Student-Athlete Registration Form distributed by Special Olympics Ontario (SOO), a charitable organization providing sport and competition for individuals with an intellectual disability. This form must be completed and signed by a parent/caregiver and returned to your child’s teacher. The information collected will only be used by SOO for SOO related activities.

Contact Information

First Name _____ Middle Initial _____ Last Name _____

Apt / Unit # _____ Home Address _____

City _____ Province **ONTARIO** Postal Code _____

Home Phone Number () _____ Date of Birth _____ / _____ / _____
MM/DD/YY

Email _____ Gender: M F

Spoken Language(s): English French Other _____

School Name _____ Elementary
Secondary

Parent/Caregiver Mailing Information

First Name _____ Last Name _____

Relationship to Student: Mother Father Caregiver Guardian

Address (If different from above) _____

Home Phone Number () _____ Work Phone Number () _____

Cell Phone Number () _____

e-mail _____

Emergency Contact Information Same as above

First Name _____ Last Name _____

Relationship to Student: Mother Father Caregiver Guardian

Work Phone Number () _____ Cell Phone Number () _____

Please turn over to complete form



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Does your Child/Student have an intellectual disability? Yes No

(An intellectual disability is characterized by significant limitations both in intellectual functioning and in adaptive behaviour as expressed in conceptual, social, and practical adaptive skills.)

Atlanto-Axial Instability Profile (only for Athletes with Down Syndrome)

Individuals who have Down Syndrome that have been tested positive for Atlanto-Axial Instability, shall not be permitted to participate in sport training and competition which, by their nature, result in hypertension, radical flexion or direct pressure on the neck or upper spine. Such sports training and competition activities include, but do not limit,; butterfly stroke and diving starts in swimming, diving, pentathlon, high jump, powerlifting, artistic gymnastics, basketball, soccer, alpine skiing and any warm-up exercise placing undue stress on the head and neck.

Does your child have Down Syndrome? Yes No

_____/_____/_____
Date of last of last X-Ray (MM/DD/YY)

Results: Positive Negative

For more information and a copy of the Atlanto-Axial Examination form, contact your class teacher or visit our website at <http://www.specialolympicsontario.com>

Athlete, Caregiver, Guardian or Parent Release

Athletes under the age of 18 must have a caregiver/legal guardian sign this release on their behalf. I, the undersigned athlete (caregiver and/or legal guardian), hereby request permission to participate in the Special Olympics Canada Inc. program. I represent and warrant you that I am physically able to participate in Special Olympics Canada Inc. I acknowledge that I will be using facilities at my own risk, and I hereby release, discharge and indemnify Special Olympics Canada Inc. from all liability for injury to person or damage to property of myself. As a participating athlete, I am specifically granting permission to Special Olympics Canada Inc. to use my likeness, voice and words in television, radio, film, newspaper, magazines and other media, and in any form not heretofore described for the purpose of advertising or communicating the purpose and activities of Special Olympics Canada and in appealing for funds to support such activities. I agree to abide by Special Olympics Canada Inc. rules, policies, procedure, and Code of Behaviour. If I am unable to be consulted in case of necessity, Special Olympics Canada Inc. is authorized at my account to take such measures and arrange for such medical and hospital treatment as is deemed advisable for my health and well-being. Any and all references to Special Olympics Canada Inc. include and apply equally to Special Olympics Canada Inc.

Can your athlete's photograph be used for media purposes as mentioned above? Yes No

Date _____ Parent/Caregiver Signature _____

When you have completed this form, please return it to your child's teacher.



EDUCATOR REGISTRATION FORM

NOTE: This form must be used to register TEACHERS and ASSISTANTS only. Volunteers (including students and parents) must register using the school volunteer registration form

First Name _____ Middle Initial _____ Last Name _____

School Name _____ Elementary Secondary

School Board Name _____

School Address _____

City _____ Province **ONTARIO** Postal Code _____

Work Phone Number () _____ Ext. (if any) _____

e-mail Address (Work) _____

e-mail Address (Alternative if any) _____

Date of Birth (MM/DD/YY) ____/____/____ Gender: M F

Spoken Languages: English French Other _____

Certification (if available)

First Aid ____/____/____

First Aid Date Certified (MM/DD/YY)

First Aid Expiry Date (MM/DD/YY)

CPR ____/____/____

CPR Date Certified (MM/DD/YY)

CPR Expiry Date (MM/DD/YY)

NCCP* _____
NCCP Number (attach transcript if available)

*Coaching Certification

Release

* I, the undersigned teacher, education assistant or administrator hereby release, discharge and indemnify Special Olympics Canada Inc. from all liability for injury to person or damage to property of myself. *As a participating Volunteer, I am specifically granting permission to Special Olympics Canada Inc. to use my likeness, voice and words, in television, radio, film, newspaper, magazines and other media, and in any form not heretofore described for the purpose of advertising, communicating, and in appealing for funds to support such activities of Special Olympics Canada Inc. and in appealing for funds to support such activities. * I agree to abide by the Special Olympics Canada Inc. rules, policies and procedures and Code of Conduct. * The information that I have provided may be verified, and I give permission to Special Olympics Ontario Inc. to make inquiries of others which may include a background investigation to determine my suitability to act as a Special Olympics Ontario Inc. Volunteer. * As a participating Volunteer, I may be dealing with confidential information and I agree to keep such information in the strictest confidence. * The relationship between Special Olympics Ontario Inc. and volunteers in an "at will" arrangement and it may be terminated at any time without cause by either the volunteer or Special Olympics Ontario Inc. * Any and all references to Special Olympics Canada Inc. include and apply to Special Olympics Ontario Inc.

I affirm that I have read the above and the information I have given is true and complete.

Date _____ Signature _____