

Young Athletes™ Registration Form

Western WA site coordinators
send form to: Alice Freiss at
afriess@sowa.org or 1809 7th
Ave, #1509 Seattle, WA 98101



Eastern WA site coordinators
send form to: Marisue Harves
at mharves@sowa.org or
PO Box 1640,
Richland, WA 99352

Please complete this form and return to your Site Coordinator/Teacher. Questions? Email etinseth@sowa.org

Young Athlete's Name _____
(Last/Family) (Middle Initial) (First/Given)

Address: _____ City: _____

State/Province: _____ Postal Code/Zip Code _____ Country: _____

Gender: Male Female Birth Date: Month ____ Day ____ Year ____ Phone: _____

T- Shirt Size: Child X-Small Child Small Child Medium Child Large Child X-Large

Health Information:

YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Heart condition / High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Asthma
<input type="checkbox"/>	<input type="checkbox"/>	Heat stroke / exhaustion	<input type="checkbox"/>	<input type="checkbox"/>	Bone or joint problem
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Allergies _____
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy / Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Major surgery or serious illness
<input type="checkbox"/>	<input type="checkbox"/>	Concussion or serious head injury	<input type="checkbox"/>	<input type="checkbox"/>	Down Syndrome
<input type="checkbox"/>	<input type="checkbox"/>	Blindness / Visual impairment	<input type="checkbox"/>	<input type="checkbox"/>	Emotional/psychiatric/behavioral
<input type="checkbox"/>	<input type="checkbox"/>	Deaf / Complete hearing loss	<i>If yes, please explain:</i> _____		
<input type="checkbox"/>	<input type="checkbox"/>	Hearing impaired	<input type="checkbox"/>	<input type="checkbox"/>	Does your child have a disability?
Other: _____			<i>If yes, please explain:</i> _____		

Supports/Accommodations Needed: _____

Does the child attend a formal daycare / preschool / school? Yes No
If yes, what grade / year? _____

Intended Young Athletes Program Site: _____

About the Parents / Guardians: (All Fields Required)

Parent or Guardian Name: _____
(Last/Family) (First/Given)

Home Phone: _____ Cell Phone: _____

Email : _____

What is the Relationship to the Young Athlete you are registering? (Please Circle)

Parent Guardian Sibling Other Family Member Other: _____

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Young Athletes Release Form

TO BE COMPLETED BY PARENT OR GUARDIAN OF MINOR ATHLETE

I am the parent/guardian of _____, the 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, voice and words in television, radio, film, newspapers, magazines and other media, and in any form, for the purpose 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 will 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. **(IF YOU HAVE RELIGIOUS OBJECTIONS TO RECEIVING SUCH MEDICAL TREATMENT, PLEASE CONTACT SPECIAL OLYMPICS WASHINGTON - MANAGER OF YOUNG ATHLETES)**

I am 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.

Signature of Parent/Guardian

Date

Print Name

Original parent/guardian signature is required by the office of Special Olympics Washington.

Program Information (To Be Completed By Site Coordinator)			
A program may have multiple sites. Site is defined as the specific location of the Young Athletes Activities. The Young Athlete site this child will attend is (Select one of the following.)			
<input type="checkbox"/> A group site (attended by multiple families at a school, center, etc.) _____			
<input type="checkbox"/> At home (implemented by you or a family member at home)			
Date Young Athletes Registration Form received:	Month _____	Day _____	Year _____
Date Young Athletes Participant Release Form received:	Month _____	Day _____	Year _____
(Enter date of submission of the completed Participant Release Form which contains a release to be signed by a parent/guardian of a minor participant, medical matters and permissions for publicity).			
Site Coordinator: _____			

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