

Required Individual Registration Forms by Person Type

Registration forms have been revised as of 2017 older versions have been phased out and will no longer by accepted.

The individual forms needed for any ATHLETE to participate:

- Athlete Registration Form (5 pages) bit.ly/SOWA-ARF
 - o Must be updated every three (3) years unless a school physical is used.
- Communicable Disease/COVID Form bit.ly/SOWA-C19Waiver

The individual forms needed for any UNIFIED PARTNER to participate:

- Unified Partner Registration Form (2 pages) bit.ly/SOWA-UP
 - o Must be updated every three (3) years.
- Communicable Disease/COVID Form bit.ly/SOWA-C19Waiver
- Background Check bit.ly/SOWA-BCGhttps://bit.ly/3bMmjs2 GOOD DEED CODE **e45cri8**
 - Any Unified Partner who is 18 years of age and older must complete a background check,
 UNLESS they are part of Unified Champion Schools School Program.
 Background checks are required to be updated every three (3) years.

The forms and certifications needed for any **COACHING** Person Type:

- Communicable Disease/COVID Form bit.ly/SOWA-C19Waiver
- Background Check bit.ly/SOWA-BCG GOOD DEED CODE e45cri8
- Protective Behaviors bit.ly/SOWA-PBQ
- Concussions in Sports bit.lv/SO-Learn
- Sport Specific Trainings-Head Coach Only-Scheduled seasonally as needed

Background checks & certifications are required to be updated every three (3) years.

The forms and certifications needed for any VOLUNTEER, CHAPERONE, PARENT or CAREGIVER:

- Communicable Disease/COVID Form bit.ly/SOWA-C19Waiver
- Background Check <u>bit.ly/SOWA-BCG</u> GOOD DEED CODE **e45cri8**
- Protective Behaviors bit.ly/SOWA-PBQ

Background checks & certifications are required to be updated every three (3) years.

Registration Portal

bit.ly/SOWA-Reg





Individual Registration Forms Pre-Submission Audit Guidelines

To ensure participants are fully credentialled for participation quickly, all forms should be audited by programs prior to their submission. Incomplete forms will be rejected and returned to sender. A thorough audit prior to submission helps prevents avoidable delays.

This page is a tool to ensure that the forms that are submitted meet the requirements for acceptance.

Common reasons forms are returned for review

- Missing Information
 - o Dates on signature pages and/or the medical exam
 - o Contact information and/or Emergency contact information
 - i.e., Phone number
 - o Pages included in packet; including but not limited to the medical exam
 - o Date of birth
 - Medical Exam page missing doctor information
 - i.e., Name, Exam Date, Signature, or License number
 - Medical Exam is missing check marks for spinal cord compression/ Athlete Clearance to Participate.

Outdated Forms

o Forms older than the 2017 version are considered outdated and will no longer be accepted.

Expired Medical Exams

- Forms dated more than 3 years before the last date of the season an athlete is participating in are considered expired.
- Non-Special Olympics Washington Forms
- Ineligible Identifying Information i.e., Full name on Covid Waiver
- Low Image Quality

We request that all Program Coordinators/ Coaches review their participants paperwork against this list to ensure swift and accurate approval for credentials for all participants.

Forms that do not meet the requirements will be returned for revision and will need to be resubmitted with all necessary information.



Athlete Form Requirements

Athlete Registration Form (Medical Exam)

□ Athlete Registration Form (ARF) (5 pages) bit.ly/SOWA-ARF

• Contact information, medical history, licensed medical professionals' clearance, and other important information.





Covid Form

The following form acknowledge the risk of contracting Coronavirus and other Communicable Diseases through sports, training, competitions, or any other group activity through Special Olympics.

☐ Covid/Communicable Disease Waiver bit.ly/SOWA-C19Waiver





₹el	נטרח	to F	Program	bv:
-----	------	------	---------	-----

Participant:	



Unified Partner Form Requirements

Unified Partner Registration Form

- - Contact and other information related to the Unified Partner, as well as a risk and liability agreement.







Covid Forms

The following form acknowledge the risk of contracting Coronavirus and other Communicable Diseases through sports, training, competitions, or any other group activity through Special Olympics.

☐ Covid/Communicable Disease Waiver bit.ly/SOWA-C19Waiver



WATVER AND RELE	ASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT
	FOR COMMUNICABLE DISEASES
	("Agreement") for SPECIAL OLYMPICS
	SPECIAL OLYMPICS
	ng allawed to participate in any way in Special Cityrgian sports training, competition s, the undersigned acknowledges, appreciates, and agrees that:
	obs possible exposure to and illness from infectious and/or communicable discussion limited to MRSA, influenza, and COVID-19. While particular rates and personal ace this risk, the risk of serious illness and death does mixt, and,
2. I KNOWNELY AN FROM THE NEGLI participation; and	D FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARSUMG CENCE OF THE RELEASETS or others, and assume full responsibility for my
regards protection hexard during mo	comply with the stated and coopenary terms and conditions for participation as nagarits infection diseases. If, however, i observe and any encounter significant prevents or participation, I will remove mywelf from participation and bring such to be search of fiscal encountering, and,
RELEASE AND HO officials, agents, if disprisation, own TO any and acc	In Inhality of the photo, unsigns, promoted representations and most of this, INSERTY DEMANDED SECOND OF THE PROPERTY OF THE P
HAVE READ THIS R	LEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY
UNDERSTAND ITS TO	BMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING LY AND VOLUNTABILY WITHOUT ANY INDUCEMENT.
UNDERSTAND ITS TO IT, AND SIGN IF FREE	RMS. UNDERSTAND THAT I HAVE GIVEN UP SURSTANTIAL RIGHTS BY SIGNING
UNDERSTAND ITS TO IT, AND SIGN IF FREE Name of Participant	BMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING LY AND VOLUNTABILY WITHOUT ANY INDUCEMENT.
UNDERSTAND ITS TO IT, AND SIGN IF FREE Name of Participant Farticipant Signature	IRMS, UNDERSTAND THAT I HAVE GYER UP SUBSTANTIAL RIGHTS BY SIGNING LY AND VOLUNTABLLY WITHOUT ANY PROJECEMENT.
UNDERSTAND ITS TI IT, AND SIGN IF FREE Name of Participant Farticipant Signature Date signed	IRMS, UNDERSTAND THAT I HAVE GYER UP SUBSTANTIAL RIGHTS BY SIGNING LY AND VOLUNTABLLY WITHOUT ANY PROJECEMENT.
UNDERSTAND IS TO IT, AND SOR IS FIRST More of Participant. Participant Signature. Date eigned: POR PARTICIPANTS. This is to certify that is explained the provision participation and high against communicable above fix at the tools. In the distribution of the communication of the hold barriage at the tools understanding the participation in these setted provided by in	DATE OF THE PROPERTY OF THE PR
UNDERSTAND ITS IT. AND SIGH IN FREE More of Participant Participant Signature, Dark righed: FOR PARTICIPANTS— This is to easily dust participants and high agency communication copperabilities. If he is been seen to be a seen of the interest of the participants of the interest of the participants of the interest of the participants in these entered provided in these entered provided in these thems of participants.	DAR LONGER THE
UNDERSTAND ITS IT. AND SIGH IN FREE More of Participant Participant Signature, Dark righed: FOR PARTICIPANTS— This is to easily dust participants and high agency communication copperabilities. If he is been seen to be a seen of the interest of the participants of the interest of the participants of the interest of the participants in these entered provided in these entered provided in these thems of participants.	per general transport for the part of the

□ <u>Background Check</u>

SOWA Identification Good Deed Code: **e45cri8**Only required for +18 in community-based programs
bit.ly/SOWA-BCGbit.ly/SOWA-BCG



Return to Program by:	Participant:



Coaching Certifications and Training Requirements

The forms and certifications needed for any **COACHING** Person Type

Background checks & training certifications are required to be updated every three (3) years.

□ Background Check

SOWA Identification Good Deed Code: **e45cri8** bit.ly/SOWA-BCG



Special Olympics Learning Portal Trainings

☐ Protective Behaviors Training bit.ly/SOWA-PBO



☐ Concussion Training bit.ly/SO-Learn



□ Sports Specific Trainings

Only required for Head Coach. Training will be announced seasonally.

Covid Form

The following form acknowledge the risk of contracting Coronavirus and other Communicable Diseases through sports, training, competitions, or any other group activity through Special Olympics.

☐ Covid/Communicable Disease Waiver bit.ly/SOWA-C19Waiver



	VALVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEM FOR COMMUNICABLE DISEASES ("Agreement") for SPECIAL OLYMPICS
in o	omideration of being allowed to participate in any way in Special Olympics sports training, compet undraising activities, the undersigned admowledges, appreciates, and agrees that:
1.	Participation includes possible exposure to and illness from infectioes and/or communicable diseal including but not limited to MRSA, influenza, and COVIO-19. White particular notes and personal diseignee may endean the risk, the risk of arrives illness and death dises sent; and,
2.	I KNOWING LY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE REGULETING OF THE RELEASES or others, and assume full responsibility for my participation; and,
3.	I willingly agree to comply with the stated and continuing terms, and conditions for participation a report protection against infectious diseases. If, however, lotterive and any unusual or significan heared during my presence or participation, tell remove myself from participation and being such the attention of the reserves of fiscal immediately; and,
4.	Life moral and no body of the plane, sorgen, personal representatives and send of lost, HEREN RELEASE and HOUD ANRIAL RESIS LOST droppings, the Special Operation Windows (INFORM RELEASE AND AND ANALYSES ANALYSES AND ANALYSES ANALYSES AND ANALYSES ANALYSES AND ANALYSES ANALYSES AND ANALYSES ANALYSES AND ANALYSES ANAL
	law.
UN IT,	AVEREAD THIS BELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY DERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGN AND SIGN IF FREELY AND VOLUNTARLY WITHOUT ANY INDUCEMENT.
UNI IT, I	EVER READ THIS BELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY DEBSTAND ITS TERMS, UNDERSTAND THAT I HAVE CIVEN UP SUBSTANTIAL HIGHTS BY SIGN AND SIGN IF REELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. BE OF PRITICIPATE.
UNI IT, I Nam Par	NY BEAN THE RELACE OF LIBBUTY AND ACQUARTISHED ON SERVICE ACCESSION THE UNIVERSAL AND ACQUART AND ACQU
UNI IT, I Nam Par	EVER READ THIS BELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY DEBSTAND ITS TERMS, UNDERSTAND THAT I HAVE CIVEN UP SUBSTANTIAL HIGHTS BY SIGN AND SIGN IF REELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. BE OF PRITICIPATE.
Nan Pari Doc	NY BEAN THE RELACE OF LIBBUTY AND ACQUARTISHED ON SERVICE ACCESSION THE UNIVERSAL AND ACQUART AND ACQU
UNIT, I Ner Par Don This exp part against look	THE SECON PRESENCE OF LIBERATY AND ASSUMPTION OF SESS ASSESSMENT FIRST VEHICLE THE SECOND PROJECT AND ASSESSMENT OF SECOND PROJECT AND ASSESSMENT OF SECOND PROJECT AND ASSESSMENT ASSESSME
UNIT, I Name Part Does This exp part against also part agains also part agains also part agains also part	AND ADD THE SECURITY AND ADDITION OF THE ADDIT
UNI IT, I Not Part Doe This exp part part part port Naii	NOTE OF THE SECURITY OF UNITED THE ADMINISTRATION OF THE SECURITY AND ADMINISTRATION OF THE SECURITY ADMINISTRATION OF THE

Complete By:	Participant:
--------------	--------------



Volunteer Certifications and Training Requirements

The forms and certifications needed for any <u>VOLUNTEER/PARENT/CHAPERONE</u> Person Type Background checks & training certifications are required to be updated **every three (3) years**.

☐ Background Check

SOWA Identification Good Deed Code: **e45cri8** bit.ly/SOWA-BCGbit.ly/SOWA-BCG



Special Olympics Learning Portal Trainings

☐ Protective Behaviors Training bit.ly/SOWA-PBO



Covid Form

The following form acknowledge the risk of contracting Coronavirus and other Communicable Diseases through sports, training, competitions, or any other group activity through Special Olympics.

L	l Covid/	Communi	icable	Disease	Waiver
		hit lu/s	$\bigcap MAA_{-}$	C10\\/\aiv	2.

<u>bit.ly/SOWA-C19Waivei</u>



	("Agreement") for SPECIAL OLYMPICS
in co	omideration of being allowed to perticipate in any way in Special Cilympics sports training, competition andraising activities, the undersigned admowledges, appreciates, and agrees that:
1.	Participation includes possible exposure to and itness from infectioes and/or communicable diseases including but not limited to MRSA, influenza, and COVID-19. While applicular notes and personal dissipline may reduce the infect, the risk of services illness and ideath diseases(i.g. and,
2.	I KNOWING LY AND FREELY ASSUME ALL SUCH BESKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASE or others, and assume full responsibility for my participation, and,
3.	is illingly agree to comply with the stated and continuing terms, and conditions for participation as report by protection against infectious discusses. If, however, lotterive and any unusual or significant hazard during my presence or participation, tall remove myself from participation and being such to the attention of the reversal official remediately, and,
4.	Lifer mayor in end on behalf of my bein, writigen, personal representatives and near of tion, URLERNY RELAGE ARN HOLD ARMACESS Special Opinions, ton Special Opinions Washington from For Offices, efficiels, special, sendor employees, other perior peaks, specializing aspecials, possions, solventisers, and employees, present an extraored of personal and opinions were TREALMASTLY IN ITEMS PER ARMACE TROOR THE MYCLICIANT OF BIT FAMES CALCULATION TO THE MARKET, to the follow extraor personal rela-
UNI IT, A	IVE READ THIS BELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY PRIST AND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING MOD SCALE IF REELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.
	idpant Signature
Dwh	signed:
FOR	PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)
equi	is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and alsed the provisions in this value of release to my child/land in riu ding the risks of presence and inpution and higher personal responsibilities for adhering to the nules and requisitions for protection
adeo bold	risk communication diseases. In Ultramonic, my child/hawd ordistrictands and occopits these initials and constitution. If on profit my procuse, and child/hawd do constant and agree to his/hawd reclaims provided on Fee at the Indicaseous and myself, my spouses, and his/hawd do unlesses and agree to indirectly and harmfoot the References for any and all disellation incident to comprisince fully funders by soveress or signation in these articulties as provided above, FVEN EF ARSING FROM THEIR NECL ICENCE, to the fullest provided by law.
Nan	e of perent/guardiers
Zen	et gaedier/signeture
Date	a signed.