



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 be accepted.

The individual forms needed for any ATHLETE to participate:

- Athlete Registration Form (5 pages) bit.ly/SOWA-ARF
 - *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
 - *Must be updated every three (3) years.*
- Communicable Disease/COVID Form bit.ly/SOWA-C19Waiver
- Background Check bit.ly/SOWA-BCG <https://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.ly/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 bit.ly/SOWA-BCG 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 credentialed 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 prevent 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**
 - Dates on signature pages and/or the medical exam
 - Contact information and/or Emergency contact information
 - i.e., Phone number
 - Pages included in packet; including but not limited to the medical exam
 - 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**
 - 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



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

Special Olympics

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

1. The likelihood of contracting communicable diseases is an inherent risk of participating in any type of Special Olympics activity, and COVID-19 is a communicable disease that can be transmitted through group activities.
2. I acknowledge and freely agree that I understand the risks of participating in any type of Special Olympics activity, and I understand that I am assuming the risk of contracting communicable diseases, including COVID-19, and I understand that I am assuming the risk of contracting communicable diseases, including COVID-19, and I understand that I am assuming the risk of contracting communicable diseases, including COVID-19.
3. I hereby agree to comply with the stated and unstated terms and conditions for participation as required by the program's participants. I understand that I am assuming the risk of contracting communicable diseases, including COVID-19, and I understand that I am assuming the risk of contracting communicable diseases, including COVID-19.
4. I warrant and on behalf of my family, employer, parent/guardian and/or other person(s) that I am not currently infected with COVID-19, nor have I been in contact with anyone who has been infected with COVID-19, nor have I been in contact with anyone who has been in contact with anyone who has been infected with COVID-19.

BY SIGNING THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, I FULLY UNDERSTAND THE TERMS, UNDERSTAND THAT I HAVE GIVEN UP CERTAIN RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: _____

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 full responsibility for the participant, have read and understood the purpose of this release and have signed this release on behalf of the participant and I understand that I am assuming the risk of contracting communicable diseases, including COVID-19, and I understand that I am assuming the risk of contracting communicable diseases, including COVID-19.

Name of parent/guardian: _____

Parent/guardian Signature: _____

Date signed: _____

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



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

SPECIAL OLYMPICS

In consideration of being allowed to participate in any type of Olympic sports training, competition or training activities, the undersigned acknowledge, appreciate, and agree that:

1. Participation includes possible exposure to and direct or indirect contact with communicable diseases including but not limited to COVID-19, influenza, and COVID-19. These possible risks and personal discipline may reduce the risk, the risk of serious illness and death does exist, and
2. INDIVIDUAL'S AND EVENT'S PARTICIPANTS ALL PARTICIPANTS, have known and understood that they are assuming the risk of contracting and/or transmitting communicable diseases, and agree to hold Special Olympics, its staff, officials, agents, and/or employees, other participants, sponsoring agencies, volunteers, and if applicable, parents and/or guardians, harmless for any and all damages or injuries, whether arising from the participation or not, and
3. I, for myself and on behalf of my family, assign, personal representation and best of my, SELF-RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, to Special Olympics, its staff, officials, agents, and/or employees, other participants, sponsoring agencies, volunteers, and if applicable, parents and/or guardians, for any and all damages or injuries, whether arising from the participation or not, and
4. I, for myself and on behalf of my family, assign, personal representation and best of my, SELF-RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, to Special Olympics, its staff, officials, agents, and/or employees, other participants, sponsoring agencies, volunteers, and if applicable, parents and/or guardians, for any and all damages or injuries, whether arising from the participation or not, and

I HAVE READ 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 I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY PRESSURE.

Name of Participant: _____
Participant Signature: _____
Date signed: _____

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

This is to certify that as parent/guardian, with legal responsibility for this participant, have read and explained the provisions of this waiver to my child/teen and they have indicated their understanding and acceptance of the terms and conditions of this waiver and I agree to hold Special Olympics, its staff, officials, agents, and/or employees, other participants, sponsoring agencies, volunteers, and if applicable, parents and/or guardians, harmless for any and all damages or injuries, whether arising from the participation or not, and

Name of parent/guardian: _____
Parent signature/guardian: _____
Date signed: _____

Complete By: _____

Participant: _____



Volunteer Certifications and Training Requirements

The forms and certifications needed for any **VOLUNTEER/PARENT/CHAPERONE** 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
bit.ly/SOWA-BCG



Special Olympics Learning Portal Trainings

Protective Behaviors Training
bit.ly/SOWA-PBQ



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



WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT FOR COMMUNICABLE DISEASES
COVID-19
SPECIAL OLYMPICS

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

1. Participation in these events involves a risk of being infected with infectious and/or communicable diseases including but not limited to COVID-19, SARS-CoV-2, and other communicable diseases and/or other conditions that may result in illness, hospitalization or death, including death.
2. **INDIVIDUALLY AND FREELY ASSUME** ALL SUCH RISKS, both known and unknown, THAT IF ARISING FROM THE PARTICIPATION OF THE WAIVERER OR OTHERS, and assume full responsibility for my participation and.
3. I will fully agree to comply with the stated and unspoken rules and policies for participation as required and/or applicable to this event. I will, however, release and agree to indemnify and hold harmless the organizers of this event, including Special Olympics, from any and all claims, damages, losses, and expenses, including reasonable attorneys' fees, that may be asserted against or incurred by the organizers of this event as a result of my participation in this event.
4. I, the undersigned, and on behalf of my heirs, assigns, personal representatives and next of kin, **WILLY-NILLY, RELEASE, DEFEND AND HOLD HARMLESS** Special Olympics, Inc., Special Olympics Washington, their officers, directors, agents, employees, volunteers, staff, and other participants, from any and all claims, damages, losses, and expenses, including reasonable attorneys' fees, that may be asserted against or incurred by the organizers of this event as a result of my participation in this event.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of Participant: _____
Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE UNDER AGE 18 AT THE TIME OF REGISTRATION:

This is to certify that a parent/guardian, with legal responsibility for this participant, has read and executed this agreement in full and understands the conditions regarding the risks of injury and death, including but not limited to COVID-19, SARS-CoV-2, and other communicable diseases and/or other conditions that may result in illness, hospitalization or death, including death, and I, the undersigned, on behalf of my heirs, assigns, personal representatives and next of kin, **WILLY-NILLY, RELEASE, DEFEND AND HOLD HARMLESS** Special Olympics, Inc., Special Olympics Washington, their officers, directors, agents, employees, volunteers, staff, and other participants, from any and all claims, damages, losses, and expenses, including reasonable attorneys' fees, that may be asserted against or incurred by the organizers of this event as a result of my participation in this event.

Name of parent/guardian: _____
Parent signature/date signed: _____
Date signed: _____

Complete By: _____

Participant: _____