

# Young Athletes™ Registration Form



Please complete this form and return to your Site Coordinator/Teacher.

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

- Heart condition / High blood pressure
- Heat stroke / exhaustion
- Diabetes
- Epilepsy / Seizures
- Concussion or serious head injury
- Blindness / Visual impairment
- Deaf / Complete hearing loss
- Hearing impaired

YES NO

- Asthma
- Bone or joint problem
- Allergies \_\_\_\_\_
- Major surgery or serious illness
- Down Syndrome
- Emotional/psychiatric/behavioral
- Does your child have a disability?

Other: \_\_\_\_\_

*If yes, please explain:* \_\_\_\_\_

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: \_\_\_\_\_

Coaches/Site Coordinators Send Forms To:

Indu Sreenivasan

Email: ISreenivasan@sowa.org

Mail: 1809 7th Ave, #1509 Seattle, WA 98101

# Young Athletes™ Registration Form



## 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.)**

- A group site (attended by multiple families at a school, center, etc.) \_\_\_\_\_
- 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:** \_\_\_\_\_