

Special Olympics
Prince Edward Island



Athlete Registration Form 2023-2024

| | | | | | | |
|---|--|------------------------------|--|---|---|--|
| Does the applicant have an Intellectual Disability | | YES <input type="checkbox"/> | | NO <input type="checkbox"/> | | |
| First Name | | Middle Name/Initial | | Last Name | | |
| Date of Birth | Month | Day | Year | Email Address | | |
| Gender Identity | Optional | | Competition Gender Category | Male <input type="checkbox"/> | Female <input type="checkbox"/> | |
| Home Address | Street Name and No. | | Apt. No. or R.R. No. | | | |
| | City | | Province | Postal Code | | |
| Emergency Contact | Name | | Relationship | | | |
| | Phone No. | | Email Address | | | |
| Medical Information | Health Card No. | | Issuing Prov. | Expiry Date (MM/YY) | | |
| | Does the athlete have Down Syndrome? | | Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes please complete line below) | | | |
| | Date of Last Atlanto-Axial Dislocation X-Ray (MM/YY) | | Results | Positive <input type="checkbox"/> Negative <input type="checkbox"/> | | |
| | Dietary Restrictions (Please List) | | | | | |
| | Does the athlete have seizures? Yes <input type="checkbox"/> No <input type="checkbox"/> | | If yes, please indicate how these are controlled. | | | |
| | Does the athlete have allergies? Yes <input type="checkbox"/> No <input type="checkbox"/> | | If yes, please list. | | | |
| | Doctors' Name | | Doctors' Phone Number | | | |
| | Does the athlete have any medical diagnosis that program leaders or the office should be aware of: | | | | | |
| | _____ | | | | | |
| | _____ | | | | | |
| Medication | | | | | | |
| Please attach a separate list of current medications. Include medication name (s), dosage, time (s) administered and whether or not they are self-administered. *Note: please notify the office of any changes. | | | | | | |
| Phone No. | Home | | Cell | Primary Language | | |
| | | | | | | |
| Living Situation | <input type="checkbox"/> With Parents | | <input type="checkbox"/> With Family—Not Parents | | <input type="checkbox"/> Foster Parent/Caregiver/Guardian | |
| | <input type="checkbox"/> Independent | | <input type="checkbox"/> Institution | | <input type="checkbox"/> Supported Independent Living | |
| | <input type="checkbox"/> Prefer Not to Say | | <input type="checkbox"/> Group Home (If YES, please complete the following) | | Name of Group Home | |
| | Group Home Contact | | Group Home Phone No. | | Group Home Email | |
| T-Shirt Size | <input type="checkbox"/> Youth | | <input type="checkbox"/> Men's | <input type="checkbox"/> Women's | Size: _____ | |
| Competitive Sport Selection | | | | | | |
| <input type="checkbox"/> 10-Pin Bowling | <input type="checkbox"/> Athletics | | <input type="checkbox"/> Basketball | <input type="checkbox"/> Bocce | <input type="checkbox"/> Golf | |
| <input type="checkbox"/> Powerlifting | <input type="checkbox"/> Rhythmic Gymnastics | | <input type="checkbox"/> Soccer | <input type="checkbox"/> Softball | <input type="checkbox"/> Swimming | |
| Athletes May ONLY Select 1 Summer Competitive Sport Selection - *Athletes Must be 14 by June 1, 2026 to Select | | | | | | |



The Special Olympics Terms and Conditions are basic rules for participation in Special Olympics. The full wording of the Terms and Conditions can be found here: <https://www.specialolympics.ca/pei/learn/policies-publications>

Athletes must agree to the Terms and Conditions to participate in Special Olympics. By signing below you agree to the Special Olympics Terms and Conditions on behalf of the participant named on this form, and you confirm that you have the legal authority to do so.

TERMS AND CONDITIONS: SHORT DESCRIPTION

This section is NOT the legal document and is meant to explain what Terms and Conditions are. The full wording of the Terms and Conditions can be found at the link noted above.

The Special Olympics Terms and Conditions are made up of four things:

1. The Waiver says that you can get hurt playing sports. If the playing conditions are safe, it is not Special Olympics' fault if you get hurt.
2. The Media Release says you agree to let Special Olympics use pictures and videos of you to help tell the story of what Special Olympics does.
3. The Privacy Policy says that Special Olympics will keep your personal information safe.
4. The Code of Conduct explains the rules about how to act when you are at Special Olympics.

If you need help to understand please contact a staff person at Special Olympics PEI to help.

CRIMINAL RECORD

Has the person who is being registered through this form ever been charged with or convicted of any criminal offence (including but not limited to, as a youth under the Youth Criminal Justice Act, or the laws of another country)?

No Yes

***If the answer is yes to the above question, please indicate the nature of the offence: _____**

[IMPORTANT: If you answered yes, please contact Charity Sheehan (902-368-8919) to discuss the individual situation after you sign this form. An individual's participation will depend on the specific terms of the case.]

MEDIA RELEASE OPT-IN/OPT-OUT

I allow Special Olympics to use my/their picture, words, or voice in promotional media: Yes No

TERMS AND CONDITIONS DECLARATION

I agree to the Special Olympics Terms and Conditions and attest that my answers on the media release opt-in/opt-out and criminal record are true.

Participant Name: _____ Date: _____

Parent/Legal Guardian Name: _____ Signature: _____

If signing as a Parent/Legal Guardian you are confirming that you have the legal right to do so.

Return to:

Special Olympics Prince Edward Island

40 Enman Crescent, Room 240 Charlottetown, PE C1E 1E6

Phone: 902-368-8919 Toll Free: 1-800-287-1196 Fax: 902-892-4553