

**SPECIAL OLYMPICS BC - Vernon
2017- 2018 Athlete Registration Form**

FIRST NAME: _____ LAST NAME: _____
ADDRESS: _____

CITY: _____ POSTAL CODE: _____

PHONE: _____ Cell Phone: _____

SEX: (M OR F) _____ BIRTH DATE: _____ LOCAL: Vernon

Email (athlete) _____ email (parent/caregiver) _____

MEDICAL INFORMATION

Medical Insurance Number: _____

Doctor's Name: _____ Phone #: _____

Down Syndrome: (Circle one:) No Yes (If yes, please fill out the next line.)

Atlantoaxial X-ray Date: _____ Positive: _____ Negative: _____

Seizures (Circle one:) No Yes (If yes, please fill out the next line.)

Type: _____ Frequency: _____

Treatment: _____

Diabetic: (Circle one) No Yes Treatment: Diet Pill Injection Schedule _____

Tetanus Shot No Yes Within 5 years Within 10 years

Asthma No Yes

Cerebral Palsy No Yes

Heart Condition No Yes Other: _____

Allergies: (Please List) Food: _____

Drugs: _____

Other: _____

Does the athlete have or use any of the following: (Circle all that apply)

Glasses Hearing aid Dentures Contact Lenses Other _____

MEDICATION (must be updated prior to any trips)

Self-Administered Yes No

Name & dosage: _____ Time/s: _____

Name & dosage: _____ Time/s: _____

Name & dosage: _____ Time/s: _____

Name & dosage: _____ Time/s: _____

SPORTS: (Please circle sports you want to join)

Alpine Skiing	Bocce	Bowling	Basketball
Club Fit	Cross-Country Skiing	Curling	Floor Hockey
FUNDamentals	Golf	Power Lifting	Slo Pitch
Soccer	Snowshoeing	Swim Club	Swim Team
T-Ball	Track & Field		

EMERGENCY CONTACT:

Contact 1: _____ Telephone: _____

Relationship to Athlete: (circle one) Parent Guardian Spouse Sibling Caregiver _____

Contact 2: _____ Telephone: _____

Relationship to Athlete: (circle one) Parent Guardian Spouse Sibling Caregiver _____

Comments which would enhance the athletes' participation in program events and travel:

I acknowledge that all the information given on this form is correct to the best of my knowledge, and that I will update this information as it changes.

Date

Signature of Athlete/Parent/Guardian

Name of Person Completing Form

PHOTOGRAPHY / MEDIA RELEASE

___ I DO ___ DO NOT
consent to the use and of any and all photographs and / or any other audiovisual materials taken of (athlete name) _____, for promotional print material, educational activities, exhibitions, social media, television commercials or for any other use, to promote and / or advertise Special Olympics BC - Vernon

Signature of Athlete/Parent/Guardian

Date

Athletes under the age of 19 must have parent/caregiver/legal guardian sign on their behalf