

ATHLETE REGISTRATION FORM (2024 / 2025)



SOBC Local: _____ Returning Athlete New Athlete

**Local is the community you wish to participate in

ATHLETE INFORMATION		
First Name:		Last Name:
Date of Birth (yyyy/mm/dd):		Gender:
Primary Email (required) as this is the main contact:		
Secondary Email (optional):		
Street Address:		City:
Postal Code:	Cell Phone:	Home Phone:
Athlete Living Situation: <input type="checkbox"/> Parent / Guardian <input type="checkbox"/> Caregiver <input type="checkbox"/> Group Home <input type="checkbox"/> Independent		
SPORTS PROGRAMS (indicate sports athlete would like to register for – sports offered will vary by Local)		
<input type="checkbox"/> 5-Pin Bowling <input type="checkbox"/> Basketball <input type="checkbox"/> Bocce <input type="checkbox"/> Club Fit (Fitness) <input type="checkbox"/> Curling <input type="checkbox"/> Floor Hockey	<input type="checkbox"/> Golf <input type="checkbox"/> Powerlifting <input type="checkbox"/> Rhythmic Gymnastics <input type="checkbox"/> Soccer <input type="checkbox"/> Softball <input type="checkbox"/> Snowshoeing (must be in Club Fit)	<input type="checkbox"/> Speed Skating <input type="checkbox"/> Swimming <input type="checkbox"/> Track & Field (Athletics) <input type="checkbox"/> Active Start (ages 2-6) <input type="checkbox"/> FUNdamentals (ages 7-11) <input type="checkbox"/> Sport Start (ages 12-16)
PARENT / GUARDIAN / CAREGIVER INFORMATION (required if athlete is under 19 or otherwise has a legal guardian)		
Name:		Relationship to Athlete:
<input type="checkbox"/> Same Contact Info as Athlete (please list anything different below)		
Street Address:		City:
Postal Code:	Cell Phone:	Home Phone:
Email:		
EMERGENCY CONTACT INFORMATION		
Primary Contact Name:		
Relationship to Athlete: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Friend <input type="checkbox"/> Relative		
Cell Phone:		Home Phone:
Secondary Contact Name:		
Relationship to Athlete: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Friend <input type="checkbox"/> Relative		
Cell Phone:		Home Phone:

MEDICAL INFORMATION (if more space is needed, please attached a separate sheet)

Health Card # (required):

Physician Name:

Physician Phone:

Medications & Dosages (please list) Self-Administered Yes No

Seizures: Yes No If yes, please indicate seizure type, frequency, and treatment plan:

Allergies: Yes No If yes, please provide Allergy Detail (including food, drugs, or other)

Allergy Treatment: (ie. does the athlete carry an epi-pen, medication, etc.)

Down Syndrome Yes No

AA Xray Date:

AA Xray Result: Positive Negative

Medical Conditions:

- Arthritis Asthma Depression Epilepsy High Blood Pressure
 Diabetes (if yes please indicate treatment below in medical notes)
 Other (if yes please provide details below in medical notes)

Health Devices (please list if athlete has glasses, contacts, hearing aids, etc.):

Dietary Requirements (please indicate any specific dietary requirements i.e., gluten or lactose free):

Medical Notes (please include any additional information):

By filling in my name below I acknowledge that the information provided on this form is correct to the best of my knowledge and I will update this information should it change

ATHLETE SIGNATURE (if 19 years or over)

Athlete Signature:

Date:

PARENT/GUARDIAN SIGNATURE (required for athlete under 19 or who requires legal guardian to sign legal documents)

Parent/Guardian Signature:

Date:

Printed Name:

Relationship to Athlete:

****If filling in and submitting the form online, you may type your name in the signature line****

SPECIAL OLYMPICS SIGNATURE FORM

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/british-columbia/terms-and-conditions-participation>

Athletes/volunteers 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 yourself or your child/ward.

Part 1: CRIMINAL RECORD

Has the person who is being registered or enrolled ever been charged with or convicted of any criminal offence?

Circle one response:

No Yes

Part 2: MEDIA RELEASE OPT-IN/OPT-OUT

I allow Special Olympics to use my/their picture, words, or voice in promotional media.

Circle one response:

Yes No

Part 3: SIGNATURE

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.

If you are signing for yourself, please complete this section:

_____	_____
First Name	Last Name
_____	_____
Signature	Date

OR

If you are signing on behalf of your child or ward, please complete this section:

_____	_____
Child/Ward First Name	Child/Ward Last Name
_____	_____
First Name	Last Name
_____	_____
Signature	Date