

SPECIAL OLYMPICS ALBERTA - CALGARY  
ATHLETE REGISTRATION AND MEDICAL FORM  
2016-2017

**ATHLETE PROFILE**

YEAR STARTED WITH SPECIAL OLYMPICS: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

APT/UNIT #: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

HOME NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_ WORK NUMBER: \_\_\_\_\_

EMAIL (athlete): \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ (MM/DD/YYYY)

GENDER:  MALE  FEMALE

SPOKEN LANGUAGES:  ENGLISH  FRENCH  OTHER \_\_\_\_\_

DISABILITY: \_\_\_\_\_

Please provide a description of the athlete's disability in order to help the coach's better assist the athlete: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ALLERGIES:  YES  NO

DIETARY CONCERNS:  YES  NO

If yes, please describe: \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For tournament and special event purposes, please **circle** athlete's unisex t-shirt size: XS S M L XL 2XL 3XL 4XL  
ADULT or YOUTH

**BEST CONTACT INFORMATION**

BEST CONTACT NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_

SOC will communicate via email for program updates and cancellation(s), newsletters, ticket giveaways and general information. Please provide the best email address to be used for this purpose.

**MEDIA**

- Yes, I allow photos to be taken of me at various competitions and events and I allow them to be used in Special Olympics publications.
- No, I do not allow photos to be taken of me at program, competitions and events and I do not allow them to be used in Special Olympics publications.  
*If you **DO NOT** wish your name and photos to be used in publications or provided to the media, you must fill out a media opt out form*

**TRANSPORTATION**

PARENT/GUARDIAN  PUBLIC TRANSPORTATION  ACCESS CALGARY | ACCOUNT # \_\_\_\_\_

If we have to contact an individual who has driven the athlete to the program, who do we contact. **This individual must be available to SOC representatives during program and/or tournament opportunities.**

NAME: \_\_\_\_\_ MAIN NUMBER: \_\_\_\_\_ ALTERNATIVE NUMBER: \_\_\_\_\_

ATHLETE'S NAME: \_\_\_\_\_

**MEDICAL INFORMATION**

ALBERTA HEALTH CARE NUMBER: \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_

AISH NUMBER: \_\_\_\_\_ *This number is needed if the athlete is taken to the hospital*

DOCTOR'S NUMBER: \_\_\_\_\_

1. EMERGENCY CONTACT: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

MAIN NUMBER: \_\_\_\_\_

ALTERNATE NUMBER: \_\_\_\_\_

2. EMERGENCY CONTACT: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

MAIN NUMBER: \_\_\_\_\_

ALTERNATE NUMBER: \_\_\_\_\_

<input type="checkbox"/> DOWN SYNDROME Date of last Atlantoaxial Dislocation X-Ray: _____ DD/MM/YYYY X-RAY RESULT: <input type="checkbox"/> Negative <input type="checkbox"/> Positive IF POSITIVE YOU MUST COMPLETE AN ATLANTOAXIAL INSTABILITY RELEASE FORM	<input type="checkbox"/> BRAIN INJURY Date of Injury: _____ DD/MM/YYYY Age injury occurred: _____	<input type="checkbox"/> SEIZURES <input type="checkbox"/> CONTROLLED BY MEDICATION FREQUENCY: _____ SEIZURE TYPE: _____ REGULAR DURATION: _____ ADDITIONAL INFORMATION THAT WILL ASSIST THE COACHES: _____ _____	<input type="checkbox"/> DIABETIC TYPE: _____ INJECTION SCHEDULE: _____ _____
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DOES THE ATHLETE HAVE ANY OF THE FOLLOWING? *Please check all that apply*

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> ASTHMA              | <input type="checkbox"/> EMOTIONAL PROBLEMS | <input type="checkbox"/> HEPATITIS           | <input type="checkbox"/> TETANUS SHOT _____<br>date |
| <input type="checkbox"/> BLEEDING PROBLEMS   | <input type="checkbox"/> FAINTING SPELLS    | <input type="checkbox"/> HIGH BLOOD PRESSURE | <input type="checkbox"/> VISION PROBLEMS            |
| <input type="checkbox"/> BONE/JOINT PROBLEMS | <input type="checkbox"/> HEARING CONDITIONS | <input type="checkbox"/> KIDNEY PROBLEMS     | <input type="checkbox"/> OTHER _____                |
| <input type="checkbox"/> CONTAGIOUS DISEASE  | <input type="checkbox"/> HEART PROBLEMS     | <input type="checkbox"/> MOTOR IMPAIRMENT    | <input type="checkbox"/> NONE                       |

If yes, please explain any extra details: \_\_\_\_\_

DOES THE ATHLETE USE ANY OF THE FOLLOWING? *Please check all the apply*

- GLASSES  
  CONTACT LENSES  
  HEARING AID  
  WHEELCHAIR  
  WALKER  
  NONE

If yes, please explain any extra details: \_\_\_\_\_

**MEDICATION REQUIREMENTS**    The athlete requires no medication

How is the medication administered:   \_\_\_ SELF   \_\_\_ SUPERVISED   \_\_\_ NEEDS ASSISTANCE

MEDICATION: \_\_\_\_\_   DOSAGE: \_\_\_\_\_   TIME(S): \_\_\_\_\_

MEDICATION: \_\_\_\_\_   DOSAGE: \_\_\_\_\_   TIME(S): \_\_\_\_\_

MEDICATION: \_\_\_\_\_   DOSAGE: \_\_\_\_\_   TIME(S): \_\_\_\_\_

MEDICATION: \_\_\_\_\_   DOSAGE: \_\_\_\_\_   TIME(S): \_\_\_\_\_

ATHLETE'S NAME: \_\_\_\_\_

**ATHLETE BEHAVIOUR**

WHAT KIND OF ASSISTANCE DOES THE ATHLETE REQUIRE AT OUR PROGRAMS/EVENTS? (Must check one)

\_\_\_\_\_ **NONE/MINIMAL (Independent)**  
The individual is able to follow instructions given, and has the ability to cope with being out of their usual environment and work with individuals who are unfamiliar.

\_\_\_\_\_ **CONSTANT SUPERVISION/ONE TO ONE SUPPORT**  
Athlete has one or more of the following: unable to consistently follow directions given, requires assistance with personal care, tendency to run, behaviour outbursts, unable to cope outside of usual environment.

*SOCalgary programs are run by volunteers. We do not provide one to one support before, during and/or after a Special Olympics program. Individual sport programs will have a volunteer to athlete ratio of: winter sports 1:3, summer sports 1:4 while team sports will have a ratio of 1:5. If it is determined by our coaches that an athlete requires constant supervision or one to one support, the athlete's guardian/caregiver will be responsible to arrange having a support person assist the athlete at the program.*

How does the athlete adapt to new situations? _____ _____ _____	Behavioural Concerns: _____ _____ _____	Effective Behavioral Techniques: _____ _____ _____
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**LIVING SITUATION**

PARENT                       SUPPORTED INDEPENDENT LIVING                       GROUP HOME

INDEPENDENT                       NON-PARENTAL FAMILY                      NAME OF GROUP HOME: \_\_\_\_\_

CAREGIVER/GUARDIAN                       OTHER \_\_\_\_\_                      GROUP HOME PHONE NUMBER: \_\_\_\_\_

NAME OF SUPPORT WORKER: \_\_\_\_\_

SUPPORT WORKER PHONE NUMBER: \_\_\_\_\_

**CURRENT EMPLOYMENT AND EDUCATION**

**WORK** COMPANY NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

**SCHOOL** SCHOOL NAME: \_\_\_\_\_ GRADE OR PROGRAM: \_\_\_\_\_

**PARENT/GUARDIAN**

THE ATHLETE IS THEIR OWN GUARDIAN

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

APT/UNIT #: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

HOME NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**SPECIAL EVENTS**

Special Events are fundraisers and/or awareness campaigns held throughout the year in support of Special Olympics. Athletes will be contacted by SOC staff or other representatives to volunteer at these events. Athletes must be able to arrange their own transportation to and from these events.

I am interested in assisting with special events when needed.

ATHLETE'S NAME: \_\_\_\_\_

**ATHLETE/PARENT/GUARDIAN RELEASE**

**TRANSPORTATION**

Should the arranged transportation for the athlete not arrive at the program within 15 minutes of the end of the program, the contact person will be notified to pick up the athlete immediately. If we are not able to reach anyone after an athlete has not been picked, our coaches may send the athlete home in a taxi at your own expense. If an athlete's pick up is late more than 3 times, the athlete may have to be removed from the program if alternate transportation arrangements cannot be made. Our volunteers are only required to remain at the program facility for 15 minutes after the program.

**PRIVACY STATEMENT**

Special Olympics Alberta and its affiliates use the personal information collected on this form to establish your registration as an athlete; establish your eligibility to participate in our programs or receive our services; communicate with your immediate family members; ensure your health and safety needs and enable effective handling of medical emergencies; and complete statistical analysis for affiliate, program, sport, and other development, where your data would be part of an aggregate. It is used to establish your identity, administer and manage our programs and services to athletes, families and volunteers; communicate with you; and respond to your inquiries. Please visit Special Olympics Alberta's website at specialolympics.ab.ca/privacy-statement for the complete privacy statement.

**WAIVER**

I, the undersigned athlete (parent/caregiver/legal guardian), hereby request permission to participate in Special Olympics programs. I agree to abide by Special Olympics rules, policies, procedures, philosophies, and code of conduct. I represent and warrant that I am physically and mentally able to participate in Special Olympics programs, competitions and activities. I acknowledge that I will be using facilities and programs at my own risk and I hereby release, discharge, and indemnify Special Olympics Alberta - Calgary and Special Olympics Alberta, and the directors, officers, volunteers, and staff of these organizations from all liability for injury to person or damage to property both now and in the future. Photos taken of me at various competitions and events, along with my name, may be used in Special Olympics publications, such as, but not limited to, the annual report, website, and newsletters. Your name, likeness, voice, and words may be provided to the media (including television, radio, film, newspaper, magazines and other media) for the purpose of advertising, promoting, and appealing for funds in support of Special Olympics unless otherwise signed for Media-opt out. If I am unable to be consulted in case of any emergency or necessity, Special Olympics and its agents are authorized on my behalf and for my account to take such measure and arrange for medical and hospital treatment as may be deemed advisable for my health and well-being. I understand that any misrepresentation or omission of information on my part is cause for refusal or dismissal as an athlete with Special Olympics.

I affirm that I have read the above and that the information I have given is true and complete and I will update this information as it changes.

ATHLETE OR GUARDIAN: \_\_\_\_\_  
PRINT NAME

SIGNATURE \_\_\_\_\_

IF GUARDIAN, WHAT IS RELATIONSHIP: \_\_\_\_\_

DATE \_\_\_\_\_

Has the guardian changed in the last year? YES \_\_\_\_\_ NO \_\_\_\_\_

If so, you will need to complete a new Release and Indemnity. Please contact the office

**HOW DID YOU HEAR ABOUT SPECIAL OLYMPICS?**

*Please check all that apply*

- FAMILY/FRIENDS       ADVERTISEMENT       DOCTOR       FACEBOOK       WEBSITE
- RESOURCE CENTRE       SOCIAL SERVICES       SCHOOL       TWITTER       NEWS/TV
- SOCIAL WORKER       COMMUNITY NEWSLETTER       GOOGLE       INSTAGRAM       OTHER \_\_\_\_\_