



# Registration Form

## About the Young Athlete (Participating Child):

Athlete's Name \_\_\_\_\_  
(Last/Family) (First/Given)

Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Postal Code/Zip Code \_\_\_\_\_

Gender:  Male  Female Birth Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Ethnicity:  Caucasian  Hispanic/Latino  African American  Asian  Other \_\_\_\_\_

### My Young Athlete has special health information noted below: (Please check all that apply)

Heart Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	Visually Impaired	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetic	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing Impaired	<input type="checkbox"/> Yes <input type="checkbox"/> No
Epileptic/Seizures	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hepatitis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Down Syndrome	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes ----->	Clear AAI	<input type="checkbox"/> Yes <input type="checkbox"/> No
Autism	<input type="checkbox"/> Yes <input type="checkbox"/> No	Developmental Delay	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: _____		Allergies: _____	

## About the Parents / Guardians:

Parent or Guardian Name: \_\_\_\_\_  
(Last/Family) (First/Given)

Phone: \_\_\_\_\_ Email : \_\_\_\_\_

### What is your relationship to the participant you are registering? (Please Circle One)

Parent/Guardian    Sibling    Alternate Family Member/Other: \_\_\_\_\_

Would you like to receive follow up information on how to get your child more involved in future Special Olympics Colorado youth programs?  YES  NO

## Program Information (To Be Completed By Site Coordinator/YAP Coach/Teacher)

A program may have multiple sites. Site is defined as the specific location of the Young Athletes™ activities. The Young Athletes™ site this child will attend is (Select one of the following).

A preschool/kindergarten classroom site  
(Please specify school name): \_\_\_\_\_

Does this Young Athlete receive or qualify for Special Education Services?

Yes  No

A SOCO local program:  
(Please specify local program): \_\_\_\_\_

Date of Young Athletes™ Participant Release Form: 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).

Agency Site Coordinator/YAP Coach Signature: \_\_\_\_\_



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## Young Athletes Release Form

### TO BE COMPLETED BY PARENT OR GUARDIAN OF MINOR ATHLETE

I am the parent/guardian of (child's name) \_\_\_\_\_, the minor participant, on whose behalf I have submitted the attached application for participation in the Special Olympics Young Athlete™ Program. 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.

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 COLORADO - YOUNG ATHLETES™ PROGRAM MANAGER).**

In permitting my child to participate, I understand that group data collected from the Young Athletes™ Program will be used to plan, evaluate, and improve the program.

I specifically grant my permission 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.

YES       NO

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 Colorado. Faxed signatures will not be accepted.**

