



Young Athletes™ Registration Form

About the Participant (your child):

Child's Name: _____
(Last Name) (First Name)

Role: Check one:

Athlete* Buddy *Athletes have intellectual disabilities; buddies do not.

Address: _____ City: _____

State: _____ Zip Code: _____ County: _____

Gender: Male Female Birth Date: ____/____/____ Phone: _____

Basic Health Information:

Heart Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Blind	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetic	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Deaf	<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-> Atlanto-Axial X-ray <input type="checkbox"/> Positive <input type="checkbox"/> Negative		
Other Health Issues	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Allergies: _____		

If yes, please describe or explain other health issues regarding your child we should be aware of:

Person completing Health Information: (Print): _____

Does the child attend a formal daycare or preschool program? Yes No

Does the child attend school? Yes No

About the Parents/Guardians

Parent/Guardian Name: _____
(Last Name) (First Name)

Phone: _____ Cell Phone: _____

Email: _____

Employer: _____

What is the relationship to the participant you are registering? (Please Check)

Parent Guardian Sibling Other: _____



Young Athletes™ Release Form

SUMMARY

Your signature on this form provides SOKS with permission for the following:

- Athlete gives consent to participate in Special Olympics. Parent or guardian of a minor athlete gives permission for said minor to participate in Special Olympics.
- Notification of the right to use athlete’s likeness, voice or words for the purpose of Special Olympics publicity, acknowledgement that data from the Program will be used for program evaluation and improvement.
- Authorization for Special Olympics to provide athlete with medical treatment in case of a medical emergency.

Young Athletes Release Form

TO BE COMPLETED BY PARENT OR GUARDIAN OF MINOR ATHLETE

I am the parent/guardian of _____, the minor participant, on whose behalf I have submitted the registration for participation in the Young Athletes Program™/Special Olympics. The participant has my permission to participate in Special Olympics activities. I further represent and warrant to the best of my knowledge and belief, the participant is physically and mentally able to participate in Special Olympics.

In permitting the participant to participate, I am specifically granting my permission, forever, to Special Olympics to use the participant’s likeness, name, 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. I also understand that group data collected from the Young Athletes Program will be used to plan, evaluate, and improve the program.

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 emergency medical treatment, including hospitalization, which Special Olympics deems advisable in order to protect the participant’s health and well-being. **(CONTACT TERRI PRICE IF YOU OBJECT TO YOUR CHILD RECEIVING SUCH MEDICAL TREATMENT.)**

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 _____

***** Please complete and return to: Special Olympics Kansas, Attn: Terri Price
5280 Foxridge Dr.
Mission, KS 66202
913.236.9290 ~ 913.236.9771 (fax) ~ pricet@kssso.org**