



Young Athletes™ Registration Form

Special Olympics WA
2150 N. 107th St. #220
Seattle, WA 98133
206-362-4949

SOWA East Region
P.O. Box 1640
Richland, WA 99332
1-800-442-2508

SOWA OFFICE ONLY

__ Y - __ - __

About the Athlete (Your Child):

Athlete's Name _____
(Last/Family) (First/Given)

Address: _____ City: _____

State/Province: _____ Postal Code/Zip Code _____ Country: _____

Gender: Male Female Birth Date: Month _____ Day _____ Year _____ Phone: _____

T- Shirt Size: Child Small Child Medium Child Large
 Adult Small Adult Medium Adult Large

Basic Health Information:

Heart Problems Yes No

Blind Yes No

Diabetic Yes No

Deaf Yes No

Epileptic / Seizure Yes No

Hepatitis Yes No

Down Syndrome Yes No If Yes ----->

Clear AAI Yes No

Other: _____ Allergies: _____

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

Does the child attend school? Yes No (What Grade/Year: _____)

About the Parents / Guardians:

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

Phone: _____ Cell Phone: _____

Email : _____

What is the Relationship to the Participant you are registering? (Please Circle)

Parent Guardian Sibling Other Family Member Other: _____

Program Information (To Be Completed By Site Coordinator)

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

A group site (attended by multiple families at a school, center, etc.)

Special Olympics Washington Agency (Please specify) : _____

At home (implemented by you or a family member at home)

Date this form was completed: Month _____ Day _____ Year _____

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 SOAD/Site Coordinator _____



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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 attached application for participation in Special Olympics. 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.

In permitting the participant to participate, I am specifically granting my permission, forever, 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. 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 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 WASHINGTON - MANAGER OF YOUNG ATHLETES)**

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 Washington. Faxed signatures will not be accepted.