



Young Athletes™ Registration Form

Special Olympics Illinois
605 E. Willow St. Normal, IL 61761-2682
309-888-2551

SO ILL Rev 8-1-2014

Athlete's Name _____ **Parent/Guardian Name:** _____
(Last/Family) (First/Given) (Last/Family) (First/Given)

Address: _____ **City:** _____

State: _____ **Zip Code** _____ **Birth Date:** Month _____ Day _____ Year _____ **Gender:** Male Female

Home Phone: _____ **Cell Phone:** _____ **Email:** _____

Secondary Contact Name: _____ **Phone:** _____

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

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: _____

Ethnicity: White Black/African American Asian Hispanic/Latino Other _____

Young Athlete is being registered as a: Traditional Young Athlete (with Intellectual Disability)
 Peer Partner (without Intellectual Disability)

Young Athletes Release Form

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 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 ILLINOIS - 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 **Print Name** **Date**

Original parent/guardian signature is required by the office of Special Olympics Illinois.

FORM VALID UNTIL INDIVIDUALS NINETH BIRTHDAY WITH CONTINUED PARTICIPATION

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 - Special Olympics Illinois Agency At home (implemented by you or a family member at home)

Agency Name _____

School Name _____

Teacher Name _____

Class Time: AM PM ALL DAY

Agency SOAD/Site Coordinator _____