

YOUNG ATHLETES REGISTRATION PACKET

(Athletes aged 2-7 years old)

Special Olympics
Maine



Dear Special Olympics Athletes, Parents, and Guardians:

Through the power of sports, people with intellectual disabilities discover new strengths and abilities, skills and success. Our athletes find joy, confidence and fulfillment — on the playing field and in life. They also inspire people in their communities and elsewhere to open their hearts to a wider world of human talents and potential.

To register to become a Special Olympics Young Athlete, please complete the enclosed forms:

- REGISTRATION FORM.** This form asks for contact and other information.
- RELEASE FORM.** This form goes over some important details about Special Olympics participation.
- ALL ATHLETES MUST ADHERE TO ATHLETE CODE OF CONDUCT.** Review Athlete Code of Conduct at www.somaine.org/wp-content/uploads/athletes-code-of-conduct.pdf

The Young Athletes Release Form instructs you to complete additional forms in certain uncommon situations. If this applies to you go to www.somaine.org/resources/athlete-resources/athlete-registration-forms/ to download and complete the additional supplemental forms. If you have any other questions, please contact Special Olympics Maine at 207-879-0489.

Submit completed Athlete Registration forms to:

- BY EMAIL: mikel@somaine.org
- FX: 1-888-490-0672
- BY MAIL: Special Olympics Maine, 525 Main St Unit D, South Portland, ME 04106

Recommendation: Save a copy of all registration forms and materials

Thank you. We are excited you are part of the Special Olympics Maine Movement!

YOUNG ATHLETES REGISTRATION

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Special Olympics Maine Program: _____

Are you new to Special Olympics or re-registering?

New

Re-Registering

YOUNG ATHLETE INFORMATION

First Name:

Last Name:

Date of Birth:

Female Male

Has an Intellectual or Developmental Disability:

Yes No

Race/Ethnicity (Optional):

American Indian/Alaskan Native

Asian

Two or More Races

Black or African American

Native Hawaiian or Other Pacific Islander

White

Hispanic or Latino (specific origin group: _____)

Language(s) Spoken in Young Athlete's Home (Optional): Check all that apply

English

Spanish

Other (please list):

Shirt Size:

Youth Small

Youth Medium

Youth Large

Requires Wheelchair Accessible Locations

Language Needs:

Medical Conditions:

Special Diet:

Other:

PARENT / GUARDIAN INFORMATION

Name:

Relationship:

Address:

City:

State/Province:

Postal Code:

Phone:

E-mail:

EMERGENCY CONTACT INFORMATION

Same as Guardian/Parent

Name:

Phone:

Relationship:

Special Olympics Maine

525 Main St Unit D, South Portland, ME 04106

Tel (207) 879-0489 Fax 1-888-490-0672

Website: www.somaine.org

YOUNG ATHLETES RELEASE FORM

Special Olympics
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I am the Parent or Guardian of the Young Athletes participant named below and agree to the following:

1. **Able to Participate.** The Young Athlete is physically able to take part in Special Olympics.
2. **Likeness Release.** I give permission to Special Olympics, Inc., Special Olympics games organizing committees, and Special Olympics accredited Programs (collectively "Special Olympics") to use the Young Athlete's likeness, photo, video, name, voice, words, and biographical information to promote Special Olympics and raise funds for Special Olympics.
3. **Risk of Concussion and Other Injury.** I know there is a risk of injury. I understand the risk of continuing to participate with or after a concussion or other injury. The Young Athlete may have to get medical care if there is a suspected concussion or other injury. The Young Athlete also may have to wait 7 days or more and get permission from a doctor before playing sports again.
4. **Emergency Care.** If a parent or guardian is unavailable to consent or make medical decisions in an emergency, I authorize Special Olympics to seek medical care for the Young Athlete, unless I mark one of these boxes:
 - I have a religious or other objection to receiving medical treatment. (Not common.)
 - I do not consent to blood transfusions. (Not common.)
 (If either box is marked, an EMERGENCY MEDICAL CARE REFUSAL FORM must be completed.)
5. **Health Programs.** If the Young Athlete takes part in a Special Olympics health program, I consent to health activities, exams, and treatment for the Young Athlete. This should not replace regular health care. I can say no to treatment or anything else any time for the Young Athlete.
6. **Personal Information.** I understand that Special Olympics will be collecting the Young Athlete's personal information as part of participation, including name, image, address, telephone number, health information, and other personally identifying and health related information provided to Special Olympics ("personal information").
 - I agree and consent to Special Olympics:
 - using the personal information in order to: confirm eligibility and safe participation; run trainings and events; share competition results (including on the Web and in news media); provide health treatment if the Young Athlete participates in a health program; analyze data for the purposes of improving programming and identifying and responding to the needs of Special Olympics participants; perform computer operations, quality assurance, testing, and other related activities; and provide event-related services.
 - using the personal information for communications and marketing purposes, including direct digital marketing through email, text message, and social media.
 - sharing personal information with (i) researchers, such as universities and public health agencies, that are studying intellectual disabilities and the impact of Special Olympics activities, (ii) medical professionals in an emergency, and (iii) government authorities for the purpose of assisting with any visas required for international travel to Special Olympics events and for any other purpose necessary to protect public safety, respond to government requests, and report information as required by law.
 - I have the right to ask to see the personal information or to be informed about the personal information that is processed. I have the right to ask to correct and delete the personal information, and to restrict the processing of personal information if it is inconsistent with this consent.
 - *Privacy Policy.* Personal information may be used and shared consistent with this form and as further explained in the Special Olympics privacy policy at www.SpecialOlympics.org/Privacy-Policy.aspx.

Young Athlete Name:	
PARENT/GUARDIAN SIGNATURE	
I am a parent or guardian of the Young Athlete. I have read and understand this form. By signing, I agree to this form on my own behalf and on behalf of the Young Athlete.	
Parent/Guardian Signature:	Date:
Printed Name:	Relationship: