

# 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.
- ATHLETE EMERGENCY CARE REFUSAL FORM.** Only complete this form if the athlete does not consent to emergency medical care on religious or other grounds.
- 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](http://www.somaine.org/wp-content/uploads/athletes-code-of-conduct.pdf)

The Registration & Release Form instruct you to complete additional forms in certain uncommon situations. If this applies to you or if you have any other questions, please contact Special Olympics Maine at 207-879-0489.

Please submit completed Athlete Registration forms (original) to:

- BY EMAIL: [mikel@somaine.org](mailto:mikel@somaine.org)
- FX: 1-888-490-0672
- BY MAIL: Special Olympics Maine, 125 John Roberts Rd #5, South Portland, ME 04106

Recommendation: Make 2 copies of the completed original Athlete Registration forms:

1. Originals – send to SOMaine State office (see above)
2. Copy 1 – send to Head of Delegation of Athlete's Delegation
3. Copy 2 – Safekeeping. Keep an extra copy somewhere safe in case original is misplaced.

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

# YOUNG ATHLETES REGISTRATION

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Maine



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:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Has an Intellectual or Developmental Disability:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Race/Ethnicity (Optional):</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Two or More Races <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino (specific origin group: _____)	
<b>Language(s) Spoken in Young Athlete's Home (Optional):</b> Check all that apply <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (please list):	
Shirt Size:	<input type="checkbox"/> Youth Small <input type="checkbox"/> Youth Medium <input type="checkbox"/> Youth Large
<input type="checkbox"/> Requires Wheelchair Accessible Locations	
<input type="checkbox"/> Language Needs:	
<input type="checkbox"/> Medical Conditions:	
<input type="checkbox"/> Special Diet:	
<input type="checkbox"/> Other:	
PARENT / GUARDIAN INFORMATION	
Name:	
Relationship:	
Address:	City:
State/Province:	Postal Code:
Phone:	E-mail:
EMERGENCY CONTACT INFORMATION	
<input type="checkbox"/> Same as Guardian/Parent	
Name:	
Phone:	Relationship:

# YOUNG ATHLETES RELEASE FORM

**Special Olympics**  
Maine



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](http://www.SpecialOlympics.org/Privacy-Policy.aspx).

<b>Young Athlete Name:</b>	
<b>PARENT/GUARDIAN SIGNATURE</b>	
<b>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.</b>	
<b>Parent/Guardian Signature:</b>	<b>Date:</b>
<b>Printed Name:</b>	<b>Relationship:</b>



**EMERGENCY MEDICAL CARE REFUSAL FORM – PARENT OR GUARDIAN COMPLETION**

(To be completed by parent or guardian of athlete who is a minor or lacks capacity to sign legal documents)

**Instructions:** Only complete this form if you do not consent to emergency medical care on religious or other grounds and have marked a box under the Emergency Care provision on the Athlete Release Form.

**I am the parent/guardian of the athlete named below and agree to the following:**

1. **No Consent to Emergency Medical Care.** I understand that Special Olympics' standard registration form requires athletes or their parents or guardians to consent to emergency medical care for the athlete if needed in an emergency. Based on religious beliefs or other reasons I am not consenting to emergency medical care as follows.

**YOU MUST MARK THE BOX AND WRITE YOUR INITIALS NEXT TO ONE STATEMENT TO CONFIRM YOUR INTENT:**

**I DO NOT CONSENT TO ANY KIND OF MEDICAL TREATMENT, EVEN IN A LIFE-THREATENING EMERGENCY. INITIALS: \_\_\_\_\_**

**I DO NOT CONSENT TO BLOOD TRANSFUSIONS, EVEN IN A LIFE-THREATENING EMERGENCY. I CONSENT TO ALL OTHER KINDS OF EMERGENCY MEDICAL CARE. INITIALS: \_\_\_\_\_**

2. **Accompaniment of Athlete.** I understand that I must be present in order to take personal responsibility for the athlete if any medical treatment is to be refused on the athlete's behalf in a medical emergency arises. This includes during meal times, in overnight accommodations, at training sessions and competitions, and during travel to and from Special Olympics activities.
3. **Emergency Medical Care If Athlete Is Not Accompanied.** I understand that, if I am not present and actively taking personal responsibility for the athlete during a medical emergency, Special Olympics may seek emergency medical care for the athlete as recommended by medical professionals responding to the emergency.
4. **Liability Release.** On behalf of myself and the athlete, I release Special Olympics, its employees, and its volunteers from all claims that may arise out of taking or failing to take measures to provide the athlete with emergency medical care. I am agreeing to this release because I have refused, knowingly and voluntarily, to give Special Olympics permission to take emergency measures, and I am expressly withholding consent to emergency medical care on religious or other grounds. For this form, "Special Olympics" means all Special Olympics organizations.

<b>Athlete Name:</b>	<b>E-mail:</b>
<b>PARENT/GUARDIAN SIGNATURE</b>	
I am a parent or guardian of the athlete. I have read and understand this form and have explained the contents to the athlete as appropriate. By signing, I agree to this form on my own behalf and on behalf of the athlete. This release shall be binding upon me, the athlete and our respective heirs and legal representatives.	
<b>Parent/Guardian Signature:</b>	<b>Date:</b>
<b>Printed Name:</b>	<b>Relationship:</b>