

# Young Athletes Registration



## Young Athletes Participant Registration

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender	Has an Intellectual or Development Disability	T-Shirt Size
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Youth Small <input type="checkbox"/> Youth Medium <input type="checkbox"/> Youth Large

### Please mark items you would like Special Olympics to know about:

- Requires Wheelchair Accessible Locations
- Language Needs: \_\_\_\_\_
- Medical Conditions: \_\_\_\_\_
- Special Diet: \_\_\_\_\_
- Other: \_\_\_\_\_

### Parent/Guardian Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### Emergency Contact Information (other than Parent/Guardian; Parent/Guardian will be contact first in an emergency)

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### Special Olympics Program information

Local Program Name Montgomery County

# Young Athletes Release Form



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 able to take part in Special Olympics. I understand there is a risk of injury.
2. **Photo Release.** Special Olympics organizations may use the Young Athlete's picture, video, name, voice, and words to promote Special Olympics.
3. **Emergency Care.** If a medical emergency should arise during the Young Athlete's participation in Special Olympics activities at a time when a parent or guardian is not present to make medical decisions, I consent to medical care for the Young Athlete if needed, unless I check one of these boxes:
  - I have a religious or other objection to the Young Athlete receiving medical treatment.
  - I consent to emergency medical care, but I do not consent to blood transfusions for the Young Athlete. (If either box is checked, an EMERGENCY MEDICAL CARE REFUSAL FORM must be completed.)
4. **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.
5. **Personal Information.** I understand personal information may be used and shared by Special Olympics to:
  - Make sure the Young Athlete can participate safely;
  - Run trainings and events and share results;
  - Put the Young Athlete's information in a computer system;
  - Provide health treatment, make referrals, consult doctors, and remind me about follow-up services;
  - Research, share, and respond to needs of Special Olympics participants (identifying information removed if shared publicly); and
  - Protect health and safety, respond to government requests, and report information required by law. I can ask to see and change the Young Athlete's information. I can ask to limit how the information is used.
6. **Concussions.** I understand the risk of concussions and continuing to play sports with a concussion. The Young Athlete may have to get medical care if a concussion is suspected. The Young Athlete also may have to wait 7 days or more and get permission from a doctor before they start playing sports again.

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: \_\_\_\_\_

**WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION  
AGREEMENT FOR COMMUNICABLE DISEASES  
("Agreement") for  
SPECIAL OLYMPICS**

In consideration of being allowed to participate in any way in Special Olympics sports training, competition or fundraising activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious and/or communicable diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Special Olympics, Inc, Special Olympics Maryland, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Name of Participant: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

**Parent/Guardian Signature (required if under 18 years old or has a legal guardian)**

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: \_\_\_\_\_

Parent guardian/signature: \_\_\_\_\_

Date signed: \_\_\_\_\_