Special Olympics North Carolina
Young Athlete™
Registration Form

Athleteôs Name:_____
Last Name **First Name**
Parent/Guardianôs Name:_____
Last Name **First Name**
Email Address:_____

Mailing Address:_____ **City:**_____

State/Province:_____ **Postal Code/Zip Code**_____ **County:**_____

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

Athleteôs Gender: ❒Male ❒Female **Athleteôs DOB: Month**____ **Day**_____ **Year**_____

Does your child have any medical conditions we should know about before he/she participates in this program?
_____

Has your child been diagnosed with a developmental delay? ❒ Yes ❒ No

Aside from Young Athletes, is your child currently participating in any other programs for young children with disabilities in your community? ❒ Yes ❒ No

If yes, please describe the program: _____

Young Athlete Program 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 participantôs likeness, name, 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 participantôs participation in any Special Olympics activities, at a time when I am not personally present so as to be consulted regarding the participantôs 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 participantôs health and well-being. **(IF YOU HAVE RELIGIOUS OBJECTIONS TO RECEIVING SUCH MEDICAL TREATMENT, PLEASE CROSS OUT THIS PARAGRAPH, INITIAL IT AND SIGN AND ATTACH THE *SPECIAL PROVISIONS REGARDING MEDICAL TREATMENT* FORM)**

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