

REGION: _____



ATHLETE REGISTRATION FORM

Please Check One: New athlete Returning Athlete

First Name _____ Middle Initial _____ Last Name _____

Address _____ Apt / Unit # _____

City _____ Province **NB** Postal Code _____

Home Phone Number (____) _____ Cell Phone Number (____) _____

e-mail _____

Date of Birth ____ / ____ / ____
MM / DD / YY

Gender: M F

Medicare # _____

Spoken Language(s): English French Other _____

2. Activity Profile (all activities may not be offered in all regions)

Please check the sports you would like to participate in this year;

Athletics	<input type="checkbox"/>	Figure Skating	<input type="checkbox"/>	Candlepin Bowling	<input type="checkbox"/>
Floor Hockey	<input type="checkbox"/>	Curling	<input type="checkbox"/>	Nordic Skiing	<input type="checkbox"/>
Speed Skating	<input type="checkbox"/>	Rhythmic Gymnastics	<input type="checkbox"/>	Softball	<input type="checkbox"/>
Power Lifting	<input type="checkbox"/>	Alpine Skiing	<input type="checkbox"/>	Youth Programs	<input type="checkbox"/>
Swimming	<input type="checkbox"/>	Snow Shoeing	<input type="checkbox"/>	Basketball	<input type="checkbox"/>
Soccer	<input type="checkbox"/>	5 pin Bowling	<input type="checkbox"/>	Golf	<input type="checkbox"/>

3. Atlanto-Axial Instability Profile

Individuals who have Down Syndrome that have been tested positive for Atlanto-Axial Instability, shall not be permitted to participate in sport training and competition which, by their nature, result in hypertension, radical flexion or direct pressure on the neck or upper spine. Such sports training and competition activities include, but are not limited to: butterfly stroke and diving in swimming, pentathlon, high jump, powerlifting, artistic gymnastics, basketball, soccer, alpine skiing and any warm-up exercise placing undue stress on the head and neck.



Required only for New Athletes;

Does the new participant have Down Syndrome? Yes No
_____/_____/_____ Result: Positive Negative

Date of last of last X-Ray (MM/DD/YY)

4. Athlete, Caregiver or Guardian Release & Contact Information

Athletes under the age of 18 must have a caregiver/legal guardian sign this release on their behalf.

* I, the undersigned athlete (caregiver and/or legal guardian), hereby request permission to participate in the Special Olympics Canada Inc. program. I represent and warrant you that I am physically able to participate in Special Olympics Canada Inc. *I acknowledge that I will be using facilities at my own risk, and I hereby release, discharge and indemnify Special Olympics Canada Inc. from all liability for injury to person or damage to property of myself. *As a participating athlete, I am specifically granting permission to Special Olympics Canada Inc. to use my likeness, voice and words in television, radio, film, newspaper, magazines and other media, and in any form not heretofore described for the purpose of advertising or communicating the purpose and activities of Special Olympics Canada and in appealing for funds to support such activities. *I agree to abide by Special Olympics Canada Inc. rules, policies, procedure, and Code of Behavior. If I am unable to be consulted in case of necessity, Special Olympics Canada Inc. is authorized at my account to take such measures and arrange for such medical and hospital treatment as is deemed advisable for my health and well-being. *Any and all references to Special Olympics Canada Inc. include and apply equally to Special Olympics Canada Inc.

Relationship to Athlete (if not self)

Print Name (Athlete/Parent/Caregiver/Guardian)

Athlete/Parent/Caregiver/Guardian Home Address

() _____
Home Phone

() _____
Work Phone

Athlete/Parental/Caregiver/Guardian e-mail

Emergency Contact Name: _____

Home phone: () _____

Work Phone: () _____

Date _____

Signature _____



Confirmation of Policy Awareness

I the undersigned athlete, parent or guardian acknowledge that I am aware of the following policies that may affect participation in Special Olympic New Brunswick events, competitions, activities etc. I also agree to review the SOC Policies and Procedures manual posted at www.specialolympicsnb.ca AND accept the responsibility to familiarize myself with other policies, that may influence this registered athlete`s participation.

1. SOC Policy 5000-004: Paragraph 1: Due to the demands that are put on athletes and the fact that the experience should be enjoyable for all involved, athletes should have demonstrated ability to cope with the pressures involved in travelling, competition and being removed from their usual environment for up to a two week period. It is the Chapter`s responsibility to select athletes to advance to National Games. If SONB believes that the athlete has not demonstrated the ability to be removed from their usual environment for the required period to attend a competition, e.g. national games, they will not be selected to attend.
SOC Policy 5000-004:
Item 2: Athletes must be 13 years of age or older as of the first day of competition
Item 3: Athletes must have been training in the sport that they are competing in for a minimum of 2 sport seasons prior of the Games in their sport
Item 4: Athletes must have competed in a qualifying sport event at either a sanctioned Special Olympics qualifying competition OR a sanctioned provincial qualifying competition within the able bodied sport system within the year preceding the National Games.
2. Regional and PPC Coordinator Manual, Section 8 Coaching, Pg. 1: Provincial Games: To compete, or coach, at the Provincial Games you must have qualified regionally in the year prior and have been selected by the Regional Committee. SONB may allow athletes not meeting this pre-qualifying condition to compete at Provincials to provide them with the three day sporting experience however they will not be eligible to move onto the Nationals if they or their team were to win the right to do so at the Provincials.
3. Athlete`s agree to be accountable to their Coach, or a designated assistant coach or mission staff during the entire time they are at a competition and or residing in an athlete village during a multi day event like a Provincial or National competition

Name (Athlete): _____

Emergency Contact Name: _____

Relation to Athlete: _____

Work Phone _____ Home Phone: _____

Date: _____ Signature: _____