

U.S. Athlete Registration Form

Special Olympics



Required for all athletes participating in Special Olympics.

Region: _____ Primary Agency Name: _____

Athlete Information - To be completed by the athlete or parent/guardian/caregiver.

First name: _____ Last name: _____ Middle name: _____

Date of birth (dd/mm/yyyy): ____/____/____ Gender: Female Male Other

Email: _____ Phone number: _____ Mobile Landline

Home address: _____

Optional - Check all that apply:

Race / Ethnicity	American Indian / Alaskan Native	Asian American		
	Black / African American	Hispanic / Latino		
	Middle Eastern / North African	Native Hawaiian / Other Pacific Islander		
	White / Caucasian	Unknown		
	Other: _____	Prefer not to answer		
Language(s) Spoken by Athlete	English	French	Spanish	American Sign Language (ASL)
	Other (please list): _____			

Parent/Guardian Information - Required if minor or otherwise has a legal guardian.

First Name: _____ Last Name: _____ Relationship to athlete: _____

Email: _____ Phone number: _____ Mobile Landline

Home address: _____

Emergency Contact *Same as Parent/Guardian*

First name: _____ Last name: _____ Phone number: _____ Mobile Landline

Relationship to athlete: Parent/guardian Caregiver Family member Healthcare provider Coach Other

Associated Conditions - Mandatory

Associated Conditions	Autism	Cerebral Palsy	Down Syndrome	Fetal Alcohol Syndrome
	Marfan Syndrome	Spina Bifida	Epilepsy	Fragile X Syndrome
	Other	Unknown		
Please specify other known intellectual disability diagnoses:				

Assistive Devices and Accommodations - Do you use any of the following? Check all that apply:

Mobility	Walker Prosthetics	Braces or crutches None	Wheelchair	Removable orthotics
Lifestyle Aids	CPAP None	Dentures	Glasses, contact lenses, or protective eyewear	
Communications	Hearing Aid	Communication devices	Sign Language	None
Medical Devices	Implantable cardioverter defibrillator (ICD) VP Shunt	Pacemaker	Implantable device for seizure management None	

Do you have a specific dietary requirement?	Yes	No	If yes, please specify:
Do you use other assistive devices?	Yes	No	If yes, please specify:

General Health Questions

Do you have a heart condition?	Yes	No
Do you have asthma?	Yes	No
Do you have diabetes that requires you to take insulin?	Yes	No
Do you have a vision impairment?	Yes	No
Do you have a hearing impairment?	Yes	No
Do you have a bleeding disorder?	Yes	No
Has a doctor ever limited your participation in sports?	Yes	No
Do you have epilepsy or any type of seizure disorder?	Yes	No
Do you have sickle cell disease?	Yes	No

Have you ever had a concussion?	Yes	No	If yes, please specify how many in your lifetime: _____ Date of last one (mm/yyyy): _____
Do you have behavioral, mental health, and/or sensory conditions?	Yes	No	If yes, please specify:
Do you have severe allergies that requires the use of an EpiPen?	Yes	No	If yes, please specify if it is to any of the following: Insect stings Medication/drugs Food Latex Other (please specify): _____

Medication and Treatment - Please list:

Are you taking any prescription or over-the-counter medications or treatments? (Including birth control pills, insulin, multivitamins allergy shots or pills, EpiPen, asthma inhalers, epilepsy medication, anti-inflammatory medication, supplements of any kind. etc.)

Yes No

If yes, please list:

Medication, Vitamin, or Supplement Name	Dosage	Times per day

Medication, Vitamin, or Supplement Name	Dosage	Times per day

Name of person completing the form: _____

Today's date (dd/mm/yyyy): ____/____/____

Is this form being completed by someone other than the athlete? Yes No

If yes, please select the relationship to athlete:

Relationship to athlete: Parent/guardian Caregiver Family member Healthcare provider Coach Other

Special Olympics encourages all participants to get a yearly physical examination.

WAIVERS, RELEASES, AND POLICIES

Please read the following information and check boxes fully before signing.

I agree to the following:

- 1. Ability to Participate.** I am physically able to take part in Special Olympics activities, and will abide by all applicable rules, requirements and codes of conduct.
- 2. Likeness Release.** I give permission to Special Olympics, Inc., Special Olympics games organizing committees, Special Olympics accredited Programs (collectively "Special Olympics"), as well as official Special Olympics supporters and partners that have authorization from Special Olympics, to use my likeness, photo, video, name, voice, words, biographical information and similar or related material (my "likeness") to promote Special Olympics and raise funds for Special Olympics. I understand that my likeness may be used in all forms of media in local or global campaigns – including those by supporters and partners of Special Olympics – but understand that my likeness will not be used to endorse commercial products or services. I understand that I will not be compensated for the use of my likeness.
- 3. Emergency Care.** If I am unable, or my guardian is unavailable, to consent or make medical decisions in an emergency, I authorize Special Olympics to seek medical care on my behalf, unless I mark one of these boxes:
 - I have a religious or other objection to receiving medical treatment.
 - I do not consent to blood transfusions.(If either box is marked, an EMERGENCY MEDICAL CARE REFUSAL FORM must be completed.)
- 4. Overnight Stay.** For some events, overnight accommodations may be required. If I have questions, I will contact my Special Olympics Program.
- 5. Health Programs.** If I take part in a health program, I consent to health activities, screenings, and treatment. This should not replace regular health care. I have the right to decline Health programming treatment (which is different from sideline or emergency medical care) at any time."
- 6. Personal Information.** I understand that Special Olympics will be collecting my personal information as part of my participation, including my name, image, address, telephone number, health information, and other personally identifying and health related information I provide to Special Olympics ("personal information").

I agree and consent to Special Olympics:

- using my personal information in order to: make sure I am eligible and can participate safely; run trainings and events; share competition results (including on the Web and in news media); provide health treatment if I participate 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 my contact information for communicating with me about Special Olympics.
- sharing my personal information confidentially 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 me 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 my personal information or to be informed about the personal information that is processed about me. I have the right to ask to correct and delete my personal information, and to restrict the processing of my 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.

SYMPTOMS FOR SPINAL CORD COMPRESSION and ATLANTOAXIAL INSTABILITY (For athlete with Down syndrome only)

If I (or the athlete) have been diagnosed with or experienced any of the following symptoms that have increased in severity over the past three years – difficulty controlling bowels or bladder; numbness or tingling in legs, arms, hands, or feet; weakness in arms, legs, hands or feet; burner/stinger/pinches nerve, pain in neck, back shoulders, arms, hands, buttocks, legs or feet; spasticity or paralysis – I must obtain a review and permission from a licensed medical practitioner to train and/or participate in Special Olympics activities.

WAIVER AND RELEASE OF LIABILITY / ASSUMPTION OF RISK / INDEMNIFICATION

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

1. While particular rules and personal discipline may reduce this risk, the risk of illness (including communicable diseases), injury (including concussion), disability, and death does exist;
2. If 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 Special Olympics representative immediately; and,
3. **I understand the risks involved with participation in Special Olympics activities. I fully accept and assume all risks and all responsibility for losses, costs, and damages I may incur as a result of my participation. To the fullest extent of the law, I release and agree not to sue any Special Olympics organization, its directors, agents, volunteers, and employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable owners and lessors of premises on which any Special Olympics activity is occurring ("Releasees") related to any liabilities, claims, or losses on my account caused or alleged to be caused in whole or in part by the Releasees even if arising from the negligence of the Releasees. I have read this release of liability and assumption of risk provision, fully understand its terms, acknowledge that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement. I further agree that if, despite this release, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify and hold harmless each of the Releasees from any such liabilities, claims, or losses as the result of such claim. I agree that if any part of this form is held to be invalid, the other parts shall continue in full force and effect.**

Athlete Name: _____

ATHLETE SIGNATURE

(required for adult athlete with capacity to sign legal documents)

I have read and understand this form. If I have questions, I will ask. By signing, I agree to this form.

Athlete Signature: _____

Date (dd/mm/yyyy): ____/____/____

PARENT/GUARDIAN SIGNATURE

(required for athlete who is a minor or lacks capacity to sign legal documents)

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.

Parent/Guardian Signature: _____

Date (dd/mm/yyyy): ____/____/____

Printed Name: _____

Relationship: _____

EVALUATION AND RESEARCH (Optional)

Special Olympics wants to help our athletes and their families stay healthy and happy. We may take part in research studies and would share information for your potential participation. All studies will be checked by the Special Olympics Chief Health Officer.

Would you or your family be interested in learning about research studies?

Yes

No

Athlete Registration & Renewal Form Instructions

Page: Page 1 of 3

Updated: New

Created: 1/17/25

**Special
Olympics**
Illinois



Beginning on January 21, 2025, Special Olympics Illinois (SOILL) will no longer require athletes to complete the Medical and Consent Forms. Effective January 21, 2025, SOILL will begin to accept the Athlete Registration/Health History & Release Form and then the Athlete Renewal Form for the required yearly update.

Effective January 21, 2025, in order to be eligible for participation in Special Olympics, every athlete must have a valid Athlete Registration/Health History & Release Form **OR** valid Medical and Consent Forms on file with SOILL.

- After initial submission of the Athlete Registration/Health History & Release Form, every athlete must complete the Athlete Renewal Form to remain eligible to participate. The purpose of the Athlete Renewal Form is to update and capture any changes in health history or medication and ensure the most current information is on file. The Athlete Renewal Form is valid for one year.

Special Olympics Illinois will continue to accept the Medical Form and Consent Form until December 15, 2025. **After December 15, 2025, the only form Special Olympics Illinois will accept is the Athlete Registration/Health History & Release Form and then the Athlete Renewal Form for the required yearly update.**

How Long Are Forms Valid For:

- Special Olympics Illinois is changing the length of validity for the current Medical and Consent Forms.
 - Medical and Consent Forms submitted January 21, 2025 through December 15, 2025 will be valid until December 31, 2025. After these forms expire then the athlete must complete the Athlete Registration/Health History & Release Form.
 - Medical and Consent Forms on file with Special Olympics Illinois that expire prior to December 31, 2025 will expire as scheduled and then the athlete must complete the Athlete Registration/Health History & Release Form.
 - Medical Forms and Consent Forms on file with Special Olympics Illinois that are scheduled to expire after December 31, 2025 will be recalculated to expire on December 31, 2025 and then the athlete must complete the Athlete Registration/Health History & Release Form.
- The Athlete Registration/Health History & Release Form is valid for one year.
- Upon the one year expiration of the Athlete Registration/Health History & Release Form then the Athlete Renewal Form must be completed. The Athlete Renewal Form is valid for one year.

The Athlete Registration Form/Health History & Release Form is valid for 1 year from the parent/guardian signature date. An Athlete Registration Form expires at 11:59pm on the day it is identified as expiring.

Medical and Consent Forms on file with SOILL that expire prior to December 31, 2025 will expire as scheduled at 11:59pm on the day it is identified as expiring.

Athlete Registration & Renewal Form Instructions

Page: Page 2 of 3

Updated: New

Created: 1/17/25

**Special
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Illinois



Medical and Consent Forms on file with SOILL that are scheduled to expire after December 31, 2025 will now expire at 11:59pm on December 31, 2025.

Special Olympics Illinois is transitioning to the Center of Excellence (COE) System. The COE is an on-line system. SOILL is initially working with selected agencies in each Region to serve as Pilot Agencies to implement the COE. Eventually, all agencies will transition to use of the COE and at that time SOILL will no longer accept hard copies of the Athlete Registration/Health History & Release Form.

Submission of Forms:

- COE Identified Pilot Agencies :
 - These agencies begin piloting the COE in January of 2025.
 - Your coaches, chaperones and Unified Partners will start using the COE immediately.
 - All athletes will transition to Athlete Registration/Health History & Release Form.
 - All forms must be completed using the COE System.
 - Please contact your Special Olympics Athletic Director, head coach or Region staff if you are not familiar with the COE System.
- All other agencies:
 - **For athletes, coaches, chaperones and Unified partners, your agency has until your Region assigns your agency's phase-in date for required use of the COE but must have all required information in the COE no later than December 31, 2025.**
 - Until your agency's assigned deadline, hard copies of the Athlete Registration/Health History & Release Form can be submitted to your Region staff the same way you currently submit Medical and Consent Forms.

Accessing Forms

- The link to create an athlete's record in the COE and complete the Athlete Registration/Health History & Release Form or the Athlete Renewal Form is <https://portals.specialolympics.org/>
- The Link for the hard copy of the Athlete Registration/Health History & Release Form is

[..\1 Getting Started\Athlete Registration Health History & Release Form.pdf](#)

An athlete's parent/guardian and/or athlete, if an adult without a guardian, is solely responsible for the accurate completion and **timely submission (prior to any relevant deadline) of the Athlete Registration/Health History & Release Form to SOILL.

Failure of the athlete to have an accurate, fully completed Athlete Registration/Health History & Release Form **on file with SOILL prior to any relevant deadline will result in the athlete being denied participation in SOILL competitions, programs and events. The Athlete Registration/Health History & Release Form must be valid throughout the completion of the competition, program or event.

**COE Pilot Agencies must complete the Athlete Registration/Health History & Release Form via the COE. All other agencies can complete and submit a hard copy of the form up until their

Athlete Registration & Renewal Form Instructions

Page: Page 3 of 3

Updated: New

Created: 1/17/25

**Special
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Illinois



agency is scheduled to transition in the COE. Upon Transition into the COE, all athletes must then create their COE profile and complete the electronic version of the Athlete Registration/Health History & Release Form, even if they have submitted a hard copy of the form.

SOILL requires that all Athlete Registration/Health History & Release Forms and Unified Sports Partner Applications be presented by the established registration deadline for any Region, Sectional or State competition. **All Athlete Registration/Health History & Release Forms and Unified Sports Partner Applications for the event in question must be valid throughout the completion of that competition. Athlete Registration/Health History & Release Forms expire at 11:59pm on the day it is identified as expiring.**

An athlete not entered in/scratched from the event may attend the event as a spectator only. They will not be allowed to serve as an official member of their team's delegation, therefore, housing and meals will be the individual's responsibility.

Failure to have an Athlete Registration/Health History or Unified Sports Partner Application completed at the time of the registration deadline will result in the athlete or Unified Partner being denied participation in the competition.

All current Unified partners must claim their volunteer record/profile in the COE. All new Unified partners must create a volunteer record in the COE. After creation of the volunteer's record or if individual already has a volunteer record in the COE, then go into record and under the *Apply for More Roles* option select the Unified partner role. The submission and validation deadlines and processes for the *Unified Sports Partner Application* follow the same guidelines as those established for the Athlete Registration/Health History & Release Form or the Athlete Renewal Form. A Unified partner must also have completed a Class A Level Volunteer Registration, Protective Behaviors and Concussion Awareness trainings and a criminal background check (not applicable to minors).

The Athlete Registration/Health History & Release Form is reviewed and validated by Special Olympics Illinois. The review process can take up to five (5) business days.

Special Olympics Competitions Outside of Illinois

Special Olympics Inc. and Special Olympics North America (SONA) require a Medical Form for all athletes and Unified partners competing in USA Games, World Games and SONA sponsored/organized tournaments. Tournament Directors will identify the current Medical Form required for these events.