

# Delegation Registration

## Form 1、2、3、4、5、6、10

### 表單 1:運動員報名表

使用此表單收集運動員資訊，以輸入到 SO Connect。

### 表單 2:運動員授權

請為每位運動員上傳一份表單。

對於 2019 年阿布達比特奧會,運動員將使用兩種表單類型(G2 或 G3)中的一種如需查閱資料表單類型,請查看授權協議書的左下角。

### 表單 3:運動員對贊助商的形象授權書(可選)

### 表單 4:運動員體檢表

### 表單 5:代表、教練和融合運動夥伴報名表

為您的代表團中的每個非運動員使用一種表單,並確保向 SO Connect 輸入的所有所需資訊均完整。

### 表單 6:代表、教練和融合運動夥伴授權書

對於 2019 年阿布達比世界特殊奧林匹克運動會,運動員將使用兩種類型之一(G2 或 G3)。如需查閱資料表單類型,請查看授權協議書的左下角。

表單必須由代表、教練和融合運動夥伴簽字並注明日期,以便該人員進行報名登記。

如果代表、教練和融合運動夥伴不能簽署基於宗教異議的“授權書”,代表團團長應在報名材料截止日期前以書面形式通知特奧會組委會的代表團服務部。

### 表單 10:運動員/融合運動夥伴簡介

此表單將用於向媒體提供個人資訊。請為每位運動員和融合運動夥伴填寫一份表單。提供盡可能多的資訊。

FORM 1  
**ATHLETE REGISTRATION FORM**



Special Olympics Program: \_\_\_\_\_

<b>ATHLETE INFORMATION</b>		
First Name:	Middle Name:	
Last Name:	Preferred Name:	
Date of Birth (dd/mm/yyyy):	<input type="checkbox"/> Female <input type="checkbox"/> Male	
Preferred Language (Optional):	Race/Ethnicity (Optional):	
Address:		City:
State/Province:	Country:	Postal Code:
Phone:	E-mail:	
Shirt Size:		
Does the athlete have the capacity to consent to medical treatment on his or her own behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Passport Number:	Passport Country:	
Passport Type: <input type="checkbox"/> Regular <input type="checkbox"/> Diplomat <input type="checkbox"/> Other:		
Date of Issue (dd/mm/yyyy):	Date of Expiration (dd/mm/yyyy):	
<b>PARENT / GUARDIAN INFORMATION (required if minor or otherwise has a legal guardian)</b>		
Name:		
Relationship:		
<input type="checkbox"/> Same Contact Info as Athlete		
Address:		City:
State/Province:	Country:	Postal Code:
Phone:	E-mail:	
<b>EMERGENCY CONTACT INFORMATION</b>		
<input type="checkbox"/> Same as Guardian/Parent		
Name:		
Phone:	Relationship:	
<b>PHYSICIAN INFORMATION</b>		
Physician Name:		
Physician Phone:		

**ATHLETE RELEASE FORM**



I agree to the following:

1. **Ability to Participate.** I am physically able to take part in Special Olympics activities.
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 my likeness, photo, video, name, voice, and words 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 play sports with or after a concussion or other injury. I may have to get medical care if I have a suspected concussion or other injury. I also may have to wait 7 days or more and get permission from a doctor before I start playing sports again.
4. **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 and make medical decisions on my behalf. I also consent to my medical care provider sharing information about my condition and care with authorized Special Olympics representatives if I am unable, or my guardian is not available, to consent to the release of my information.
5. **Overnight Stay.** For some events, I may stay in a hotel or someone's home. If I have questions, I will ask.
6. **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 can say no to treatment or anything else at any time.
7. **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"). The organization responsible for protecting my personal information under data protection laws is my national Special Olympics Program (contact info at [www.SpecialOlympics.org/Programs](http://www.SpecialOlympics.org/Programs)).
  - I understand Special Olympics is 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.
  - I understand Special Olympics may disclose my personal information with (i) medical professionals in an emergency, and (ii) 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 understand Special Olympics is a global organization with headquarters in the United States of America. I acknowledge that my personal information may be stored and processed in countries outside my country of residence, including the United States. Such countries may not have the same level of personal data protection as my country of residence.
  - My personal information will only be stored as long as it is needed for purposes described in this form.
  - 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, delete and restrict the processing of my personal information. I also have a right to have my personal information sent to another organization on my request. I have the right to file a complaint with a local data protection authority.
  - *Sharing of Personal Information.* Personal information may be 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>Athlete Name:</b>	
I consent to Special Olympics (please mark): <input type="checkbox"/> Creating a personal profile of me for communications and marketing purposes, including sending me direct digital marketing communications through email, SMS, social media, and other channels. <input type="checkbox"/> Sharing my personal information confidentially with researchers, such as universities or public health agencies, who are studying intellectual disabilities and the impact of Special Olympics activities.	
<b>ATHLETE SIGNATURE</b> (required for adult athlete with capacity to sign legal documents)	
I have read and understand this form. I have the right to withdraw any consent given under this form with effect to the future. If I have any questions regarding this form, I may contact my national Special Olympics Program (contact info at <a href="http://www.SpecialOlympics.org/Programs">www.SpecialOlympics.org/Programs</a> ). By signing, I agree to this form.	
<b>Athlete Signature:</b>	<b>Date:</b>
<b>PARENT/GUARDIAN SIGNATURE</b> (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. I have the right to withdraw any consent given under this form with effect to the future. If I have any questions regarding this form, I may contact my national Special Olympics Program (contact info at <a href="http://www.SpecialOlympics.org/Programs">www.SpecialOlympics.org/Programs</a> ). By signing, I agree to this form on my own behalf and on behalf of the athlete.	
<b>Parent/Guardian Signature:</b>	<b>Date:</b>
<b>Printed Name:</b>	<b>Relationship:</b>

**ATHLETE LIKENESS RELEASE  
FOR SPONSORS (OPTIONAL)**



**Special Olympics relies on sponsors and partners to help support our mission. We often use photos, videos and stories of our athletes to show the impact of support by companies that sponsor Special Olympics. If you wish to allow your likeness to be used in this way, please read and sign below.**

I agree to the following:

- I give permission to Special Olympics, Inc., Special Olympics games organizing committees, and Special Olympics accredited Programs (collectively “Special Olympics”) and their sponsors and partners to use my likeness, photo, video, name, voice, and words (“my likeness”) to acknowledge the sponsors’ and partners’ support for Special Olympics.
- Special Olympics and its sponsors and partners will not use my Likeness to endorse commercial products or services.
- I understand I will not be compensated for the use of my Likeness.

<b>Athlete Name:</b>	
<b>ATHLETE SIGNATURE</b> (required for adult athlete with capacity to sign legal documents)	
I have read and understand this form. I have the right to withdraw any consent given under this form with effect to the future. If I have any questions regarding this form, I may contact my national Special Olympics Program (contact info at <a href="http://www.SpecialOlympics.org/Programs">www.SpecialOlympics.org/Programs</a> ). By signing, I agree to this form.	
<b>Athlete Signature:</b>	<b>Date:</b>
<b>PARENT/GUARDIAN SIGNATURE</b> (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. I have the right to withdraw any consent given under this form with effect to the future. If I have any questions regarding this form, I may contact my national Special Olympics Program (contact info at <a href="http://www.SpecialOlympics.org/Programs">www.SpecialOlympics.org/Programs</a> ). By signing, I agree to this form on my own behalf and on behalf of the athlete.	
<b>Parent/Guardian Signature:</b>	<b>Date:</b>
<b>Printed Name:</b>	<b>Relationship:</b>

# Athlete Medical Form – HEALTH HISTORY

(To be completed by the athlete or parent/guardian/caregiver and brought to Exam)



Athlete First & Last Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Athlete Date of Birth (dd/mm/yyyy): \_\_\_\_\_ Female Male

COUNTRY: \_\_\_\_\_ Email: \_\_\_\_\_

### ASSOCIATED CONDITIONS - Does the athlete have (check any that apply):

Autism	Down Syndrome	Fragile X Syndrome
Cerebral Palsy	Fetal Alcohol Syndrome	
Other Syndrome, please specify: _____		

### ALLERGIES & DIETARY RESTRICTIONS

No Known Allergies
Latex
Medications: _____
Insect Bites or Stings: _____
Food: _____

### ASSISTIVE DEVICES - Does the athlete use (check any that apply):

Brace	Colostomy	Communication Device
C-PAP Machine	Crutches or Walker	Dentures
Glasses or Contacts	G-Tube or J-Tube	Hearing Aid
Implanted Device	Inhaler	Pacemaker
Removable Prosthetics	Splint	Wheel Chair

List any special dietary needs: \_\_\_\_\_

### SPORTS PARTICIPATION

List all Special Olympics sports the athlete wishes to play:

Has a doctor ever limited the athlete's participation in sports?

No Yes *If yes, please describe:* \_\_\_\_\_

### SURGERIES, INFECTIONS, VACCINES

List all past surgeries:

Does the athlete currently have any chronic or acute infection?

No Yes *If yes, please describe:* \_\_\_\_\_

Has the athlete ever had an abnormal Electrocardiogram (EKG) or Echocardiogram (Echo)? *If yes, describe date and results*

Yes, had abnormal EKG  
Yes, had abnormal Echo

Has the athlete had a Tetanus vaccine in the past 7 years? No Yes

### EPILEPSY AND/OR SEIZURE HISTORY

Epilepsy or any type of seizure disorder No Yes

*If yes, list seizure type:* \_\_\_\_\_

*If yes, had seizure during the past year?* No Yes

### MENTAL HEALTH

Self-injurious behavior during the past year No Yes Depression (diagnosed) No Yes

Aggressive behavior during the past year No Yes Anxiety (diagnosed) No Yes

Describe any additional mental health concerns: \_\_\_\_\_

### FAMILY HISTORY

Has any relative died of a heart problem before age 50? No Yes

Has any family member or relative died while exercising? No Yes

List all medical conditions that run in the athlete's family: \_\_\_\_\_

# Athlete Medical Form – HEALTH HISTORY

(To be completed by the athlete or parent/guardian/caregiver and brought to Exam)



Athlete's First and Last Name: \_\_\_\_\_

**HAS THE ATHLETE EVER BEEN DIAGNOSED WITH OR EXPERIENCED ANY OF THE FOLLOWING CONDITIONS**

Loss of Consciousness	No	Yes	High Blood Pressure	No	Yes	Stroke/TIA	No	Yes
Dizziness during or after exercise	No	Yes	High Cholesterol	No	Yes	Concussions	No	Yes
Headache during or after exercise	No	Yes	Vision Impairment	No	Yes	Asthma	No	Yes
Chest pain during or after exercise	No	Yes	Hearing Impairment	No	Yes	Diabetes	No	Yes
Shortness of breath during or after exercise	No	Yes	Enlarged Spleen	No	Yes	Hepatitis	No	Yes
Irregular, racing or skipped heart beats	No	Yes	Single Kidney	No	Yes	Urinary Discomfort	No	Yes
Congenital Heart Defect	No	Yes	Osteoporosis	No	Yes	Spina Bifida	No	Yes
Heart Attack	No	Yes	Osteopenia	No	Yes	Arthritis	No	Yes
Cardiomyopathy	No	Yes	Sickle Cell Disease	No	Yes	Heat Illness	No	Yes
Heart Valve Disease	No	Yes	Sickle Cell Trait	No	Yes	Broken Bones	No	Yes
Heart Murmur	No	Yes	Easy Bleeding	No	Yes	Dislocated Joints	No	Yes
Endocarditis	No	Yes	If female athlete, list date of last menstrual period: _____					

**Describe any past broken bones or dislocated joints**

(if yes is checked for either of those fields above):

**List any other ongoing or past medical conditions:**

**Neurological Symptoms for Spinal Cord Compression and Atlanto-axial Instability**

<b>Difficulty controlling bowels or bladder</b>	No	Yes	<i>If yes, is this new or worse in the past 3 years?</i>	No	Yes
<b>Numbness or tingling in legs, arms, hands or feet</b>	No	Yes	<i>If yes, is this new or worse in the past 3 years?</i>	No	Yes
<b>Weakness in legs, arms, hands or feet</b>	No	Yes	<i>If yes, is this new or worse in the past 3 years?</i>	No	Yes
<b>Burner, stinger, pinched nerve or pain in the neck, back, shoulders, arms, hands, buttocks, legs or feet</b>	No	Yes	<i>If yes, is this new or worse in the past 3 years?</i>	No	Yes
<b>Head Tilt</b>	No	Yes	<i>If yes, is this new or worse in the past 3 years?</i>	No	Yes
<b>Spasticity</b>	No	Yes	<i>If yes, is this new or worse in the past 3 years?</i>	No	Yes
<b>Paralysis</b>	No	Yes	<i>If yes, is this new or worse in the past 3 years?</i>	No	Yes

**PLEASE LIST ANY MEDICATION, VITAMINS OR DIETARY SUPPLEMENTS BELOW**

(includes inhalers, birth control or hormone therapy)

Medication, Vitamin or Supplement Name	Dosage	Times per Day	Medication, Vitamin or Supplement Name	Dosage	Times per Day	Medication, Vitamin or Supplement Name	Dosage	Times per Day

Is the athlete able to administer his or her own medications?    No    Yes

<b>Name of Person Completing this Form</b>	<b>Relationship to Athlete</b>	<b>Phone</b>	<b>Email</b>
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# Athlete Medical Form – PHYSICAL EXAM

(To be completed by a Licensed Medical Professional qualified to conduct exams & prescribe medications)



Athlete's First and Last Name: \_\_\_\_\_

## MEDICAL PHYSICAL INFORMATION

(To be completed by a Licensed Medical Professional qualified to conduct physical exams and prescribe medications)

Height	Weight	BMI (optional)	Temperature	Pulse	O <sub>2</sub> Sat	Blood Pressure (in mmHg)		Vision				
cm	kg	BMI	C			BP Right:	BP Left:	Right Vision 20/40 or better	No	Yes	N/A	
in	lbs	Body Fat %	F					Left Vision 20/40 or better	No	Yes	N/A	
Right Hearing (Finger Rub)	Responds	No Response	Can't Evaluate			Bowel Sounds	Yes	No				
Left Hearing (Finger Rub)	Responds	No Response	Can't Evaluate			Hepatomegaly	No	Yes				
Right Ear Canal	Clear	Cerumen	Foreign Body			Splenomegaly	No	Yes				
Left Ear Canal	Clear	Cerumen	Foreign Body			Abdominal Tenderness	No	RUQ	RLQ	LUQ	LLQ	
Right Tympanic Membrane	Clear	Perforation	Infection	NA		Kidney Tenderness	No	Right	Left			
Left Tympanic Membrane	Clear	Perforation	Infection	NA		Right upper extremity reflex	Normal	Diminished	Hyperreflexia			
Oral Hygiene	Good	Fair	Poor			Left upper extremity reflex	Normal	Diminished	Hyperreflexia			
Thyroid Enlargement	No	Yes				Right lower extremity reflex	Normal	Diminished	Hyperreflexia			
Lymph Node Enlargement	No	Yes				Left lower extremity reflex	Normal	Diminished	Hyperreflexia			
Heart Murmur (supine)	No	1/6 or 2/6	3/6 or greater			Abnormal Gait	No	Yes, describe below				
Heart Murmur (upright)	No	1/6 or 2/6	3/6 or greater			Spasticity	No	Yes, describe below				
Heart Rhythm	Regular	Irregular				Tremor	No	Yes, describe below				
Lungs	Clear	Not clear				Neck & Back Mobility	Full	Not full, describe below				
Right Leg Edema	No	1+ 2+ 3+ 4+				Upper Extremity Mobility	Full	Not full, describe below				
Left Leg Edema	No	1+ 2+ 3+ 4+				Lower Extremity Mobility	Full	Not full, describe below				
Radial Pulse Symmetry	Yes	R>L	L>R			Upper Extremity Strength	Full	Not full, describe below				
Cyanosis	No	Yes, describe				Lower Extremity Strength	Full	Not full, describe below				
Clubbing	No	Yes, describe				Loss of Sensitivity	No	Yes, describe below				

### SPINAL CORD COMPRESSION & ATLANTO-AXIAL INSTABILITY (AAI) (Select one)

Athlete shows **NO EVIDENCE** of neurological symptoms or physical findings associated with spinal cord compression or atlanto-axial instability. **OR**

Athlete has neurological symptoms or physical findings that could be associated with spinal cord compression or atlanto-axial instability and **must receive an additional neurological evaluation** to rule out additional risk of spinal cord injury prior to clearance for sports participation.

### ATHLETE CLEARANCE TO PARTICIPATE (TO BE COMPLETED BY EXAMINER ONLY)

*Licensed Medical Examiners: It is recommended that the examiner review items on the medical history with the athlete or their guardian, prior to performing the physical exam. If an athlete needs further medical evaluation please make a referral below and second physician for referral should complete page 4.*

This athlete is **ABLE** to participate in Special Olympics sports without restrictions.

This athlete is **ABLE** to participate in Special Olympics sports **WITH** restrictions. Describe → \_\_\_\_\_

This athlete **MAY NOT participate** in Special Olympics sports at this time & **MUST** be further evaluated by a physician for the following concerns:

- |                              |                                  |   |
|------------------------------|----------------------------------|---|
| Concerning Cardiac Exam      | Acute Infection                  | O <sub>2</sub> Saturation Less than 90% on Room Air |
| Concerning Neurological Exam | Stage II Hypertension or Greater | Hepatomegaly or Splenomegaly                        |
| Other, please describe:      |                                  |   |

### Additional Licensed Examiner's Notes and Recommended (but not required) Follow-up:

- |                                    |                                     |  |
|------------------------------------|-------------------------------------|--|
| Follow up with a cardiologist      | Follow up with a neurologist        | Follow up with a primary care physician      |
| Follow up with a vision specialist | Follow up with a hearing specialist | Follow up with a dentist or dental hygienist |
| Follow up with a podiatrist        | Follow up with a physical therapist | Follow up with a nutritionist                |

Other/Exam Notes:

	Name:
	E-mail:
<b>Signature of Licensed Medical Examiner</b>	Phone:
Exam Date	License #:

# Athlete Medical Form – MEDICAL REFERRAL FORM

(To be completed by a Licensed Medical Professional only if referral is needed)



Athlete's First and Last Name: \_\_\_\_\_

**This page only needs to be completed and signed if the physician on page three does not clear the athlete and indicates further evaluation is required.**

**Athlete should bring the previously completed pages to the appointment with the specialist.**

Examiner's Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

I have been asked to perform an additional athlete exam for the following medical concern(s) - *Please describe:*

Concerning Cardiac Exam      Acute Infection      O<sub>2</sub> Saturation Less than 90% on Room Air

Concerning Neurological Exam      Stage II Hypertension or Greater      Hepatomegaly or Splenomegaly

Other, please describe:

**In my professional opinion, this athlete MAY now participate in Special Olympics sports (indicate restrictions or limitations below):**

**Yes**

**Yes, but with restrictions (*list below*)**

**No**

Additional Examiner Notes/Restrictions:

Examiner E-mail: \_\_\_\_\_

Examiner Phone: \_\_\_\_\_

License: \_\_\_\_\_

**Examiner's Signature**

**Date**

**This section to be completed by Special Olympics staff only, if applicable.**

This medical exam was completed at a MedFest event?      Yes      No

The athlete is a Unified Partner or a Young Athlete Participant?      Unified Partner      Young Athlete

FORM 5  
**DELEGATE, COACH AND UNIFIED  
 PARTNER REGISTRATION FORM**

**Special Olympics**



Special Olympics Program: \_\_\_\_\_

**This Registration is for (check only one box):**

- Head of Delegation                       Unified Partner                       Medical Staff  
 Assistant Head of Delegation               Additional Staff (AS)               Physician               Physician Assistant  
 Coach     Nurse                                       Other: \_\_\_\_\_

**PERSONAL INFORMATION**

<b>First Name:</b>		<b>Middle Name:</b>	
<b>Last Name:</b>		<b>Preferred Name:</b>	
<b>Date of Birth (dd/mm/yyyy):</b>		<input type="checkbox"/> Female <input type="checkbox"/> Male	
<b>Preferred Language (Optional):</b>		<b>Race/Ethnicity (Optional):</b>	
<b>Address:</b>		<b>City:</b>	
<b>State/Province:</b>	<b>Country:</b>	<b>Postal Code:</b>	
<b>Phone:</b>		<b>E-mail:</b>	
<b>Shirt Size:</b>			
<b>Passport Number:</b>		<b>Passport Country:</b>	
<b>Passport Type:</b> <input type="checkbox"/> Regular <input type="checkbox"/> Diplomat <input type="checkbox"/> Other:			
<b>Date of Issue (dd/mm/yyyy):</b>		<b>Date of Expiration (dd/mm/yyyy):</b>	

**EMERGENCY CONTACT INFORMATION**

<b>Name:</b>	
<b>Phone:</b>	<b>Relationship:</b>

**HEALTH INFORMATION\*** This information is collected in case of medical emergency.

**Please indicate if you have any of the following and provide details:**

<input type="checkbox"/> Special Dietary Needs: _____	<input type="checkbox"/> Epilepsy or Seizure Disorder: _____
<input type="checkbox"/> Allergies: _____	<input type="checkbox"/> Neurological Condition: _____
<input type="checkbox"/> Assistive Devices: _____	<input type="checkbox"/> Diabetes: _____
<input type="checkbox"/> High Blood Pressure: _____	<input type="checkbox"/> Sickle Cell Anemia/Trait: _____
<input type="checkbox"/> Heart Conditions: _____	<input type="checkbox"/> Chronic Infection: _____
<input type="checkbox"/> Asthma/Respiratory Condition: _____	<input type="checkbox"/> Missing Organ: _____
<input type="checkbox"/> Mental Health Condition: _____	<input type="checkbox"/> Other Health Conditions: _____

**Please use this space for any additional health information you want Special Olympics to know:**

\_\_\_\_\_

\_\_\_\_\_

**PLEASE LIST ANY MEDICATION, VITAMINS OR DIETARY SUPPLEMENTS BELOW**

Medication, Vitamin or Supplement Name	Dosage	Times per Day	Medication, Vitamin or Supplement Name	Dosage	Times per Day

\*This health information is collected in case of medical emergency. Each participant is responsible to determine if he/she is physically able to participate.

**DELEGATE, COACH AND UNIFIED  
PARTNER RELEASE FORM**



I agree to the following:

1. **Ability to Participate.** I am physically able to take part in Special Olympics activities.
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 my likeness, photo, video, name, voice, and words to promote Special Olympics, raise funds for Special Olympics, and acknowledge sponsors' support 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. I may have to get medical care if I have a suspected concussion or other injury. I also may have to wait 7 days or more and get permission from a doctor before I start playing sports again.
4. **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 and make medical decisions on my behalf. I also consent to my medical care provider sharing information about my condition and care with authorized Special Olympics representatives if I am unable, or my guardian is not available, to consent to the release of my information.
5. **Health Programs.** If I take part in a health program as a participant, I consent to health activities, screenings, and treatment. This should not replace regular health care. I can say no to treatment or anything else 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"). The organization responsible for protecting my personal information under data protection laws is my Special Olympics accredited Program (contact info at [www.SpecialOlympics.org/Programs](http://www.SpecialOlympics.org/Programs)).
  - I understand Special Olympics is 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.
  - I understand Special Olympics may disclose my personal information with (i) medical professionals in an emergency, and (ii) 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 understand Special Olympics is a global organization with headquarters in the United States of America. I acknowledge that my personal information may be stored and processed in countries outside my country of residence, including the United States. Such countries may not have the same level of personal data protection as my country of residence.
  - My personal information will only be stored as long as it is needed for purposes described in this form.
  - 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, delete and restrict the processing of my personal information. I also have a right to have my personal information sent to another organization on my request. I have the right to file a complaint with a local data protection authority.
  - *Sharing of Personal Information.* Personal information may be 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).
7. **Waiver and Liability Release.** I understand the risks involved with participation in Special Olympics activities. I fully accept and assume all such risks and all responsibility for losses, costs, and damages I may incur as a result of my participation. I hereby release and covenant not to sue any Special Olympics organization, its administrators, directors, agents, volunteers, and employees, and other participants ("Releasees") related to any liabilities, claims, or losses on my account caused or alleged to be caused in whole or in part by the negligence of the Releasees. 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 have read this waiver and release and understand that I have given up substantial rights by signing it. I have signed it freely and without any inducement or assurance and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law. I agree that if any part of this form is held to be invalid, the other parts shall continue in full force and effect.

<b>Name:</b>	
<b>I consent to Special Olympics (please mark):</b> <input type="checkbox"/> <b>Creating a personal profile of me for communications and marketing purposes, including sending me direct digital marketing communications through email, SMS, social media, and other channels.</b> <input type="checkbox"/> <b>Sharing my personal information confidentially with researchers, such as universities or public health agencies, who are studying intellectual disabilities and the impact of Special Olympics activities.</b>	
<b>PARTICIPANT SIGNATURE</b> (required for adult participant with capacity to sign legal documents)	
<b>I have read and understand this form. I have the right to withdraw any consent given under this form with effect to the future. If I have any questions regarding this form, I may contact my Special Olympics Program (contact info at <a href="http://www.SpecialOlympics.org/Programs">www.SpecialOlympics.org/Programs</a>). By signing, I agree to this form.</b>	
<b>Participant Signature:</b>	<b>Date:</b>
<b>PARENT/GUARDIAN SIGNATURE</b> (required for participant who is a minor or lacks capacity to sign legal documents)	
<b>I am a parent or guardian of the participant. I have read and understand this form and have explained the contents to the participant as appropriate. I have the right to withdraw any consent given under this form with effect to the future. If I have any questions regarding this form, I may contact my Special Olympics Program (contact info at <a href="http://www.SpecialOlympics.org/Programs">www.SpecialOlympics.org/Programs</a>). By signing, I agree to this form on my own behalf and on behalf of the participant.</b>	
<b>Parent/Guardian Signature:</b>	<b>Date:</b>
<b>Printed Name:</b>	<b>Relationship:</b>

**ATHLETE AND UNIFIED PARTNER  
PROFILE FORM**



Name: \_\_\_\_\_

This Profile is for (check only one box):

- Athlete  Unified Partner

<b>SPORTS</b>																				
<b>List the sports you participate in with Special Olympics:</b>																				
<p><b>Which other Regional/World Games have you participated in?</b></p> <table border="0"> <tr> <td><input type="checkbox"/> 2017 World Winter Games (Austria)</td> <td><input type="checkbox"/> 1997 World Winter Games (Collingwood and Toronto, Canada)</td> </tr> <tr> <td><input type="checkbox"/> 2015 World Summer Games (Los Angeles, CA, USA)</td> <td><input type="checkbox"/> 1995 World Summer Games (New Haven, CT, USA)</td> </tr> <tr> <td><input type="checkbox"/> 2013 World Winter Games (Pyeongchang, South Korea)</td> <td><input type="checkbox"/> 1993 World Winter Games (Austria)</td> </tr> <tr> <td><input type="checkbox"/> 2011 World Winter Games (Athens, Greece)</td> <td><input type="checkbox"/> 1991 World Summer Games (Minneapolis, MN, USA)</td> </tr> <tr> <td><input type="checkbox"/> 2009 World Winter Games (Boise, ID, USA)</td> <td><input type="checkbox"/> 1989 World Winter Games (Lake Tahoe and Reno, USA)</td> </tr> <tr> <td><input type="checkbox"/> 2007 World Summer Games (Shanghai, China)</td> <td><input type="checkbox"/> Other Games</td> </tr> <tr> <td><input type="checkbox"/> 2005 World Winter Games (Nagano, Japan)</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> 2003 World Summer Games (Dublin, Ireland)</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> 2001 World Winter Games (Anchorage, AK, USA)</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> 1999 World Summer Games (Raleigh, NC, USA)</td> <td></td> </tr> </table>	<input type="checkbox"/> 2017 World Winter Games (Austria)	<input type="checkbox"/> 1997 World Winter Games (Collingwood and Toronto, Canada)	<input type="checkbox"/> 2015 World Summer Games (Los Angeles, CA, USA)	<input type="checkbox"/> 1995 World Summer Games (New Haven, CT, USA)	<input type="checkbox"/> 2013 World Winter Games (Pyeongchang, South Korea)	<input type="checkbox"/> 1993 World Winter Games (Austria)	<input type="checkbox"/> 2011 World Winter Games (Athens, Greece)	<input type="checkbox"/> 1991 World Summer Games (Minneapolis, MN, USA)	<input type="checkbox"/> 2009 World Winter Games (Boise, ID, USA)	<input type="checkbox"/> 1989 World Winter Games (Lake Tahoe and Reno, USA)	<input type="checkbox"/> 2007 World Summer Games (Shanghai, China)	<input type="checkbox"/> Other Games	<input type="checkbox"/> 2005 World Winter Games (Nagano, Japan)	_____	<input type="checkbox"/> 2003 World Summer Games (Dublin, Ireland)	_____	<input type="checkbox"/> 2001 World Winter Games (Anchorage, AK, USA)	_____	<input type="checkbox"/> 1999 World Summer Games (Raleigh, NC, USA)	
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<b>What are you looking forward to most about the Games?</b>																				
<b>What do you love about Unified Sports?</b>																				
<b>What is your personal best?</b>																				
<b>How often do you train and what is your goal?</b>																				
<b>PERSONAL</b>																				
<b>Who is/are your role models?</b>																				
<b>How are you like you role model?</b>																				
<b>How would you change your world for the better?</b>																				
<b>How is your life different since joining the Special Olympics?</b>																				
<b>What are you most proud of?</b>																				
<b>What are your other interests or hobbies?</b>																				

<b>What is your level of education?</b>
<b>Do you have a job? Where? How long have you worked there?</b>
<b>Do you use social media? If so, what is your user name or social media handle?</b>
<b>HEALTH</b>
<b>Has Special Olympics Healthy Athletes helped you? How?</b>