FORM 5

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DELEGATE, COACH AND UNIFIED PARTNER REGISTRATION FORM

# Special Olympics Program: SOCT

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

## Head of Delegation

* Assistant Head of Delegation
* Coach

🞏Unified Partner

* Additional Staff (AS)
* Medical Staff
	+ Physician ☐ Physician Assistant
	+ Nurse ☐ Other:

|  |
| --- |
| **PERSONAL INFORMATION** |
| **First Name:** | **Middle Name:** |
| **Last Name:** | **Preferred Name:** |
| **Date of Birth (dd/mm/yyyy):** | **□ Female ☐ Male** |
| **Preferred Language (Optional): CHINESE** | **Race/Ethnicity (Optional): CHINESE** |
| **Address:** Rm. 213, 2F., No.55, Changji St., Datong Dist., Taipei City 103, Taiwan | **City: TAIWAN** |
| **State/Province: TAIWAN** | **Country: TAIWAN** | **Postal Code:10363** |
| **Phone:** 886-2-25989571 | **E-mail:** |
| **Shirt Size:** |
| **Passport Number:** | **Passport Country:** |
| **Passport Type:  Regular ☐ Diplomat ☐ Other:** |
| **Date of Issue (dd/mm/yyyy):** | **Date of Expiration (dd/mm/yyyy):** |
| **EMERGENCY CONTACT INFORMATION** |
| **Name: HAN HUANG** |
| **Phone:886-22598-9571** | **Relationship: FRIEND** |
| **HEALTH INFORMATION\* This information is collected in case of medical emergency.** |
| **Please indicate if you have any of the following and provide details:*** Special Dietary Needs: ☐ Epilepsy or Seizure Disorder:
* Allergies: ☐ Neurological Condition:
* Assistive Devices: ☐ Diabetes:
* High Blood Pressure: ☐ Sickle Cell Anemia/Trait:
* Heart Conditions: ☐ Chronic Infection:
* Asthma/Respiratory Condition: ☐ Missing Organ:
* Mental Health Condition: ☐ 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* |
|  |  |  |  |  |  |
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**\***This health information is collected in case of medical emergency. Each participant is responsible to determine if he/she is physically able to participate.

G2 World Games Registration Forms – Updated March 2018