

ATHLETE & UNIFIED PARTNER REGISTRATION FORM

Special Olympics



* (Asterisks) indicate mandatory fields for registration completion.

| PERSONAL INFORMATION | |
|---|--|
| Delegation: | |
| Role: <input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner | |
| *Given/First Name: Please use the same name as your Identification document/passport | Middle Name: If you have a middle name on your passport, you must fill this out. |
| *Family/Last Name: Please use the same name as your passport | *Date of Birth: dd.mm.yyyy |
| In addition, do you have a different Birth Name stated on your Identification Document? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, please provide us with your Birth Name: | |
| *Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Diverse Please check box | |
| *City/Place of Birth: | |
| *Email: | |
| *Mobile Country Code: + Example: +23 | *Mobile: Example: 123 456 78 90 |
| *Would you prefer to have a different first or last name on the credential? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes: Preferred First name: Preferred Last name: | |
| <input type="checkbox"/> Copy of the Headshot (Credential) Photo | |
| *Country/Area of Residence: | State/Province/Region of Residence: |
| *City of Residence: | *Street & Number Address of Residence: |
| *Postal Code: | |
| *Native Language: | |
| *Preferred Official SO Language: Please choose from the following: Arabic Chinese English French German Russian Spanish | |
| *Special Dietary Needs: | |
| Other Dietary Instructions: | |
| PASSPORT INFORMATION & IDENTIFICATION DOCUMENT INFORMATION | |
| <input type="checkbox"/> Scanned Copy of the Identification Document/ Passport | |
| Identification Document: <input type="checkbox"/> ID Card of other EU countries <input type="checkbox"/> Passport <input type="checkbox"/> Refugee Travel Document <input type="checkbox"/> No identification Document | |
| Country of the Identification Document: | |

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|---|-----------------------------------|
| *Do you require a visa to enter Germany? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| *If yes please add the Passport Expiry Date: dd.mm.yyyy | |
| *City where you would apply for a visa: | |
| PARENT / GUARDIAN INFORMATION (required if <i>minor</i> or otherwise has a legal guardian) | |
| *Given/First Name: | |
| *Family/Last Name: | |
| *Phone Country Code: + Example: +23 | *Phone: Example: 123 456 78 90 |
| *Relationship: Example: Guardian, Mother, etc. | |
| EMERGENCY CONTACT INFORMATION | |
| *Given/First Name: | |
| *Family/Last Name: | |
| *Phone Country Code: + Example: +23 | *Phone: Example: 123 456 78 90 |
| *Email: | |
| *Relationship: Example: Guardian, Mother, etc. | |

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|---|--|
| SPORT & EVENTS INFORMATION | |
| *Sport: | |
| *Event: Example: Novice Slalom, Unified Team Competition | |
| *Team Name (if applicable): A team name must be in the official format, for example, SO Norway 1 | |
| *Time/Score (if applicable): | |

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| HEALTHY ATHLETES & MEDICAL INFORMATION | |
| *Healthy Athletes Participation <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <p>Special Olympics, Inc. (SOI) and Special Olympics Deutschland (SOD)/Local Organizing Committee (LOC) offer registered participants (SO athletes, people with intellectual disabilities) with the health program free consultations and examinations in the following disciplines: Fit Feet, FUNfitness, Health Promotion, Healthy Hearing, Opening Eyes, Special Smiles, Strong Minds. These services include individual orientation examinations and consultations, as well as recommendations for further treatment. The health data collected when participating in the Healthy Athletes Program are processed for the purpose of informing the participants about their state of health. The participants receive written information afterward about which further treatment, if necessary, they should undergo. In addition, the health data are recorded in a Healthy Athletes database in compliance with data protection regulations and evaluated anonymously for scientific purposes. The results will be used to support health policy demands to improve health care for people with intellectual disabilities. The data will be used only by Special Olympics, or the appropriate Special Olympics state associations and will not be shared with third parties for other purposes. The offer of these health checks is not intended to replace regular health care. I understand that everyone should pursue their own independent health care and that Special Olympics, by providing the health services in the Healthy Athletes program, is not responsible for the health of participants. For information in easy language and all official languages please refer to www.berlin2023.org/en/healthy-athletes-information</p> | |
| If you chose "yes", you consent to the processing of your personal data as stated above and in this Release Form. | |

Please note that you will be required in all cases to complete a separate Medical Form for your Registration. Medical Forms must be signed by a medical doctor and reviewed by the Medical Staff of the Delegation. Data from the Medical Form may be used on an anonymous basis

- to support research and funding to improve future programming and activities of Special Olympics,
- to plan for dietary requirements for Games, mobility devices, transportation requirements, and special accommodations, as well as
- to ensure that the relevant physical and human resources are in place to support major Olympics-type multisport events at multiple venues.

Please contact us before signing this registration form if you have questions or if you require additional information what happens with your health data or on how to fill out the Medical Release form.

BIO INFORMATION (ATHLETE ONLY)

* How many years have you been competing in Special Olympics?

*We want to know you better. Please select only ONE of the following questions and answer below.

1. Who has been the most influential person in your life? Why?

2. What is one piece of advice you have for your fellow athletes

3. What is one barrier you have overcome? How did you do it and what did you learn?

4. What is the proudest sports moment?

5. What have you learned playing sports that you use in work/school/life?

6. What is your ultimate goal for sports? For your life outside sports?

| Travel Information | |
|---|-------------------------------|
| *Departing Country: Arrival to Berlin | |
| *Departing City: Arrival to Berlin | |
| *Arrival Date: dd.mm.yyyy | *Arrival Time: hh:mm |
| *Method of Arrival: <input type="checkbox"/> Air <input type="checkbox"/> Train <input type="checkbox"/> Bus <input type="checkbox"/> Self Driving | |
| *Destination Country: Departure from Berlin | |
| *Destination City: Departure from Berlin | |
| *Departure Date: dd.mm.yyyy | *Departure Time: hh:mm |
| *Method of Departure: <input type="checkbox"/> Air <input type="checkbox"/> Train <input type="checkbox"/> Bus <input type="checkbox"/> Self Driving | |