Special Olympics

DELEGATE, COACHES, AND ADDITIONAL STAFF REGISTRATION FORM

** (Asterisks) indicate mandatory fields for registration completion.*

DELEGATION:	
ROLE:	
Additional Staff ☐ **Assistant Head of Delegation** ☐	
Head Coach/ Coach ☐ **Head of Delegation** ☐ **Medical Staff** ☐	
Alternate Delegation Member ☐	
PERSONAL INFORMATION	
***Given/First Name:** Please use the same name as your 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? ☐ **Yes** ☐ **No**	
If yes, please provide us with your Birth Name:	
***Gender:** ☐ **Female** ☐ **Male** ☐ **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?** ☐ **No** ☐ **Yes** If Yes: Preferred First name**:** Preferred Last name:	
☐ **Copy of the 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
☐ **Scanned Copy of the Passport ID Page**
Identification Document: ☐ ID Card of other EU countries ☐ Passport ☐ Refugee Travel Document ☐ No identification Document
Country of the Identification Document:
***Do you require a visa to enter Germany**? ☐ No ☐ Yes
***If yes please add the Passport Expiry Date:** dd.mm.yyyy
***City where you would apply for a visa:**
EMERGENCY CONTACT INFORMATION
***Given/First Name:**
***Family/Last Name:**
***Phone Country Code: +** Example: +23 | ***Phone:** Example: 123 456 78 90
***Email:**
***Relationship:**
COACH CERTIFICATION
***Do you hold a coach certification? ☐ No ☐ Yes**
If Yes: ☐ A certification from the Special Olympics (Program, Region, International) ☐ A certification from the Sport Federation or Governing Body (National, Regional, International) ☐ A certification from the Recognised Educational Institution
***Special Olympics World Games Coach Preparation Course ☐ No ☐ Yes** You will need to upload your Certificate
***Special Olympics Unified Sports Coaching Course ☐ No ☐ Yes** You will need to upload your Certificate
HEAD OF DELEGATION
Have you completed the required on-line HODs/AHODs readiness training? **☐ No ☐ Yes**

HEALTH INFORMATION

Allergies and Dietary Information

	No	Yes, if yes indicate details
*Any Known Allergies	☐	☐
• *Latex Allergy	☐	☐
• *Medication Allergy	☐	☐ _____
• *Insect Allergy	☐	☐ _____
• *Food Allergies	☐	☐ _____
*Special Dietary Needs	☐	☐ _____

Assistive Devices - Do you use any of the below? If **yes**, mark which ones. If **no**, leave blank.

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

Health Conditions

	No	Yes		No	Yes
*High Blood Pressure	☐	☐	*Diabetes	☐	☐
*Asthma	☐	☐	*Sickle Cell Anemia	☐	☐
*Sickle Cell Trait	☐	☐	*Easy Bleeding	☐	☐
*Vision Impairment	☐	☐	*Congenital Heart defect	☐	☐
*Hearing Impairment	☐	☐	*Medication	☐	☐

Infections and Epilepsy/Seizure Disorders	No	Yes, if yes indicate details
*Does this entrant have an acute infection?	☐	☐ _____
*Does this entrant have epilepsy or a seizure disorder?	☐	☐ _____
What is the type of seizure disorder?		_____

Health Conditions	No	Yes, if yes indicate details
*Chronic Infection	☐	☐ _____
*Mental Health Conditions	☐	☐ _____
*Missing Organ	☐	☐ _____
*Heart Conditions?	☐	☐ _____

Covid 19

***Did you have Covid -19 ?** ☐ No ☐ Yes If **yes** insert the date of positive test (dd/mm/yyyy)_____

***Tick the relevant box describe the level of symptoms athlete experienced**

☐ No symptoms

☐ Mild symptoms – cough, loss of taste, smell or tiredness that went away within two (2) weeks

☐ Moderate symptoms– shortness of breath on exertion, all over aches muscle pain

☐ Severe symptoms– hospitalized for any reason

Describe any health complications after COVID-19 infection/s :

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

PLEASE LIST ANY MEDICATIONS, 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.

TRAVEL INFORMATION	
***Departing Country:** Arrival to Berlin	
***Departing City:** Arrival to Berlin	
***Arrival Date:** dd/mm/yyyy	***Arrival Time:** hh:mm
***Method of Arrival:** ☐ **Air** ☐ **Train** ☐ **Bus** ☐ **Self Driving**	
***Departure Travel Group:**	
***Departing Country:** Departure from Berlin	
***Departing City:** Departure from Berlin	
***Departure Date:** dd/mm/yyyy	***Departure Time:** hh:mm
***Method of Departure:** ☐ **Air** ☐ **Train** ☐ **Bus** ☐ **Self Driving**	

DELEGATE, COACHES, AND ADDITIONAL STAFF 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 have a religious or other objection to receiving medical treatment. (Not common.)
   - ☐ I do not consent to blood transfusions. (Not common.)

   (If either box is marked, an EMERGENCY MEDICAL CARE REFUSAL FORM must be completed.)
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 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.
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").
   - 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 personal information and creating a profile of me for communications and marketing purposes, including direct digital marketing through email, SMS, social media, and other channels.
     - sharing my personal information with (i) researchers, business partners, public health agencies, and other organizations 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 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, and I agree that the laws of the United States will govern your processing of my personal information as provided in this consent.
   - 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.
   - *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.
8. **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 extend 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.

Name:	
PARTICIPANT SIGNATURE (required for adult participant 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.	
Participant Signature:	**Date:**