

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:	

*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.	

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):	

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	



ATHLETE & 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, words, and biographical information 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 on my behalf, unless I mark one of these boxes:
 - 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, 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.

EXPLICIT CONSENT(S) FOR THE PROCESSING OF MY HEALTH DATA

Healthy Athletes Program:

By selecting to participate in the Healthy Athletes Program **I consent explicitly** to the processing of my health data as described above. I in particular understand and consent that information collected about me during Healthy Athletes will be analyzed anonymously for the purpose of improving health care for Special Olympics athletes and people with intellectual disabilities in general. I understand that participation in the Healthy Athletes program is voluntary for me and that I may opt out of the program at any time. I can revoke my consent at any time with the person in charge of the LOC. For this purpose, I will send an e-mail to healthyathletes@berlin2023.org. For further information on the handling of my data, I can refer also to the Privacy Policy at www.berlin2023.org/en/data-policy-healthy-athletes.

Medical Form:

By providing my medical form, I consent explicitly that Special Olympics, Inc. (SOI) and Special Olympics Deutschland (SOD)/Local Organizing Committee (LOC) will use the data collected for reporting incidents that occur during Games and or for repatriation with insurance or government/embassy support. The data may also be collected and used by parties such as hospital staff, first responders, and medical providers who may require access to information on the medical form for assessment, treatment, and or referral. I can revoke my consent freely at any time with the person in charge of the LOC. For this purpose, I will send an e-mail to medical.services@berlin2023.org.

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 contact information for communicating with me about Special Olympics.
 - 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.
 - **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.

Signature Page Follows

Athlete Name:	E-mail:
<p>I consent to Special Olympics (please mark):</p> <p><input type="checkbox"/> Using my contact information to send me Special Olympics marketing materials.</p> <p><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.</p>	
<p>ATHLETE SIGNATURE (required for adult athlete with capacity to sign legal documents)</p>	
<p>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 www.SpecialOlympics.org/Programs). By signing, I agree to this form.</p>	
Athlete Signature:	Date:
<p>PARENT/GUARDIAN SIGNATURE (required for athlete who is a minor or lacks capacity to sign legal documents)</p>	
<p>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 www.SpecialOlympics.org/Programs). By signing, I agree to this form on my own behalf and on behalf of the athlete.</p>	
Parent/Guardian Signature:	Date:
Printed Name:	Relationship:



ATHLETE & UNIFIED PARTNER 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, words, and biographical information (“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.

Athlete Name:	E-mail:
ATHLETE SIGNATURE (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 www.SpecialOlympics.org/Programs). By signing, I agree to this form.	
Athlete Signature:	Date:
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. 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 www.SpecialOlympics.org/Programs). By signing, I agree to this form on my own behalf and on behalf of the athlete.	
Parent/Guardian Signature:	Date:
Printed Name:	Relationship: