



**ATHLETE REGISTRATION FORM**

<b>Please Check One:</b>	Register New Athlete <input type="checkbox"/> (Complete Sections 1, 2, 3 and 4)	Add Athlete to Club <input type="checkbox"/> (Complete Sections 1-2)	Change Athlete Personal Info <input type="checkbox"/> (Complete Section 1)	Remove Athlete from Club <input type="checkbox"/> (Complete Section 1-2)
--------------------------	---	--	--	--

If changing Athlete info, or adding or deleting Athlete to/from a Club, PLEASE indicate athlete registration #: \_\_\_\_\_

**1. Personal Information**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Apt / Unit # \_\_\_\_\_

City \_\_\_\_\_ Province ONTARIO Postal Code \_\_\_\_\_

Home Phone Number (\_\_\_\_) \_\_\_\_\_ Cell Phone Number (\_\_\_\_) \_\_\_\_\_

e-mail (athlete) \_\_\_\_\_

Date of Birth \*optional \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M  F   
MM/DD/YY

Spoken Language(s): English  French  Other \_\_\_\_\_

**2. Activity Profile** \*Must be filled out by a Special Olympics Volunteer or Coach

Please indicate the sport specific and/or athletic club, the name of the club in which the athlete is involved.

Community \_\_\_\_\_ Region \_\_\_\_\_

Club # \_\_\_\_\_ Sport \_\_\_\_\_ Club Name \_\_\_\_\_

Club # \_\_\_\_\_ Sport \_\_\_\_\_ Club Name \_\_\_\_\_

Club # \_\_\_\_\_ Sport \_\_\_\_\_ Club Name \_\_\_\_\_

*Please turn over to complete form*





**ATHLETE INFORMATION & MEDICAL HISTORY FORM**

Date completed (MM/DD/YY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**1. Personal Information** SOO Registration Number (if known): \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Apt / Unit # \_\_\_\_\_

City \_\_\_\_\_ Province **ONTARIO** Postal Code \_\_\_\_\_

Home Phone Number ( ) \_\_\_\_\_ Cell Phone Number ( ) \_\_\_\_\_

e-mail (athlete) \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth (MM/DD/YY)

Gender: Male  Female

OHIP Number (\*This information is provided voluntarily and not required for the completion of this form)

**2. Living Arrangements**

Independent  Family  Group Home  Other  \_\_\_\_\_

**3. Emergency Contact(s)**

1. Name \_\_\_\_\_ Relationship to Athlete \_\_\_\_\_

Home Phone Number ( ) \_\_\_\_\_ Cell Phone Number ( ) \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to Athlete \_\_\_\_\_

Home Phone Number ( ) \_\_\_\_\_ Cell Phone Number ( ) \_\_\_\_\_

**4. Medical Contact(s)**

Family Doctor (please print name) \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_



**6. Medications** (Please attach any additional information necessary)

Does athlete self-medicate?    Yes     No

---

Medication Name	Dosage	Times per Day
-----------------	--------	---------------

---

Medication Name	Dosage	Times per Day
-----------------	--------	---------------

---

Medication Name	Dosage	Times per Day
-----------------	--------	---------------

---

Medication Name	Dosage	Times per Day
-----------------	--------	---------------

**Important:** I understand that the information contained in this form may be deemed confidential. I affirm that I have read the above and that the information I have given is true and complete. This form must be completed and signed in order to participant in any practice or sporting event

Name (printed) \_\_\_\_\_ Signature \_\_\_\_\_

Relationship to Athlete \_\_\_\_\_ Date \_\_\_\_\_

**Important:** Information must be confirmed by the coaching staff or manager before the first practices of the year.

---

Date Information Confirmed Correct	Date Information Revised	Athlete/Guardian Initials	Coach/Manager Initials
---------------------------------------	-----------------------------	---------------------------	------------------------

---

Date Information Confirmed Correct	Date Information Revised	Athlete/Guardian Initials	Coach/Manager Initials
---------------------------------------	-----------------------------	---------------------------	------------------------

---

Date Information Confirmed Correct	Date Information Revised	Athlete/Guardian Initials	Coach/Manager Initials
---------------------------------------	-----------------------------	---------------------------	------------------------