



**Young Athletes Registration Form**  
 Special Olympics Massachusetts  
 512 Forest Street Marlborough, MA 01752  
 Phone: 508-485-0986 Fax: 508-481-0786

**Program Name:** \_\_\_\_\_

**Athlete's Name:** \_\_\_\_\_ **Parent/Guardian Name:** \_\_\_\_\_

**What is your relationship to the Athlete you are registering:**

Parent/Guardian  Sibling  Other family member  OTHER (please specify): \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**BirthDay:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ **Gender:**  Male  Female

**Emergency Contact Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Athlete T-Shirt Size:**  Child Small  Child Medium  Child Large  Adult Small  Adult Medium

**Basic Health Information:**

Heart Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	Blind	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetic	<input type="checkbox"/> Yes <input type="checkbox"/> No	Deaf	<input type="checkbox"/> Yes <input type="checkbox"/> No
Epileptic/Seizure	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hepatitis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Down Syndrome	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other:	_____	Allergies:	_____

**Ethnicity:**  White  Black/African American  Asian  Hispanic/Latino  Other: \_\_\_\_\_

**Young Athlete is being registered as a:**  Traditional Young Athlete (with Intellectual Disability)  
 Unified Partner (without Intellectual Disability)

**Young Athletes Release Form**

I am the parent/guardian of the minor participant, on whose behalf I have submitted the attached application for participation in Special Olympics. I further represent and warrant that to the best of my knowledge and belief, the participant is physically and mentally able to participate in Special Olympics.

In permitting the participant to participate, I am specifically granting my permission, forever, to Special Olympics to use the participant's likeness, name, voice and words in television, radio, film, newspapers, magazines and other media, internet and in any form, for the purpose of publicizing, promoting or communicating the purposes and activities of Special Olympics and/or applying for funds to support those purposes and activities. I also understand that group data collected from the Young Athletes Pilot Program will be used to plan, evaluate, and improve the program.

If a medical emergency should arise during the participant's participation in any Special Olympics activities, at a time when I am not personally present so as to be consulted regarding the participant's care, I hereby authorize Special Olympics, on my behalf, to take whatever measures are necessary to ensure that the participant is provided with any emergency medical treatment, including hospitalization, which Special Olympics deems advisable in order to protect the participant's health and well-being. **(IF YOU HAVE RELIGIOUS OBJECTIONS TO RECEIVING SUCH MEDICAL TREATMENT, PLEASE CONTACT SPECIAL OLYMPICS MASSACHUSETTS)**

I am the parent (guardian) of the participant named in this application. I have read and fully understand the provisions of the above release, and have explained these provisions to the participant. Through my signature on this release form, I am agreeing to the above provisions on my own behalf and on the behalf of the participant named above. I hereby give my permission for the participant named above to participate in Special Olympics games, recreation programs, and physical activity programs.

Signature of Parent/Guardian

Print Name

Date