



(\* Indicates Mandatory Fields)

## Profile Information

Special Olympics District/Community: \_\_\_\_\_ \*

Sex:  Male  Female  X \*

Member Unique ID: \_\_\_\_\_

Gender Identity: \_\_\_\_\_  Honorary Life Member

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

First

Last

Birth Date (MM/DD/YYYY): \_\_\_\_\_ \*

Portal E-Mail: \_\_\_\_\_

**Self-Declaration: Do you identify as Aboriginal?** Do you identify as an Aboriginal person that is First Nations (North American Indian), Metis, or Inuk (Inuit)

First Nations (North American Indian)  Metis  Inuk (Inuit)  Prefer not to say  
*Includes Status and Non-Status Individuals*

## Contact Information

E-Mail (2): \_\_\_\_\_ E-Mail (3): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Primary Phone:  Home  Mobile  Business

## Communication & Preferences

Primary Language Preference:  English  French

Contact Preference:  Contact Allowed  Contact Not Allowed

Preferred Method of Contact:  Any  Email  Phone  Mail

## Primary Address

Address: \_\_\_\_\_ \*

City/Town: \_\_\_\_\_ \* Province: \_\_\_\_\_ \* Postal Code: \_\_\_\_\_ \*

## Secondary Address

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## Medical Information

Health Card Number: \_\_\_\_\_ Card Expires On (MM/DD/YYYY): \_\_\_\_\_

Province Issued By: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

**Medications & Dosages:** Please write 'None' or 'N/A' if you do not take any medications

## Medical Conditions

Please indicate (*check box*) if the athlete has any of the following conditions:

- |  |                                     |  |
|--|-------------------------------------|--|
| <input type="radio"/> Serious Illness        | <input type="radio"/> Depression    | <input type="radio"/> Fetal Alcohol Syndrome |
| <input type="radio"/> Arthritis              | <input type="radio"/> Fibromyalgia  | <input type="radio"/> High Blood Pressure    |
| <input type="radio"/> COPD                   | <input type="radio"/> Diabetes      | <input type="radio"/> Epilepsy               |
| <input type="radio"/> Asthma                 | <input type="radio"/> Heart Disease |  |
| <input type="radio"/> Other Condition: _____ |                                     |  |

**Do you (this athlete) have Down Syndrome?**  Yes  No

If the athlete has Down Syndrome, he/she needs be tested for Atlantoaxial Instability at initial registration. The results, along with the physician's signature, must be included with the original registration form before the athlete may be permitted to participate in training.

Date of X-Ray Testing for Atlantoaxial Instability: (MM/DD/YYYY): \_\_\_\_\_

**Results of X-Ray:**  Negative  Positive

Physician Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*If the athlete has Down Syndrome and has tested positive for Atlantoaxial Instability, the athlete cannot participate in Soccer, High-Jump, Pentathlon, Swimming (NOTE: only the butterfly stroke and/or diving starts are prohibited.), Gymnastics, Alpine Skiing, Floor Hockey, or Equestrian without a copy of the X-ray results accompanied by a letter from a licensed medical professional stating that the associated risks have been explained to the athlete and parent/guardian/caregiver, as well as, a letter from the athlete's parents or caregivers that acknowledge and accept the associated risks (Special Olympics Saskatchewan Policy Manual).*

**Do you have seizures?**  Yes  No Seizures Controlled By: \_\_\_\_\_

**Do you have allergies?**  Yes  No How do you treat your allergies? \_\_\_\_\_

**Dietary Restrictions:** Please write 'None' or 'N/A' if you do have any dietary restrictions

**Medical Notes:**

Any other conditions or information that you feel a coach or ambulance attendant needs to know. Please ensure the coach is aware of any medications that the athlete is on and what medical condition it is treating.

**Emergency Contact**

**\*Minimum of at least (1) contact must be provided**

**Name (1):** \_\_\_\_\_  
First Last \*

Relationship: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

**Name (2):** \_\_\_\_\_  
First Last

Relationship: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

**Living Situation:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Independent                       | <input type="checkbox"/> Group Home                   | <input type="checkbox"/> Institution       |
| <input type="checkbox"/> With Parent(s)                    | <input type="checkbox"/> Supported Independent Living | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Foster Parents/Caregiver/Guardian | <input type="checkbox"/> With Family – Not Parents    |  |

**Group Home Affiliate:** \_\_\_\_\_

**ALP Speaker:**  Yes  No

- What training units have you completed?
- Speaker Training
  - Social Media/Media
  - Input Committee and Council (Governance)

**Program Enrollment Information**

*(Please note that **not all sports listed** are offered in every community program)*

Please indicate (*check box*) the sport(s) the athlete will be participating in for the current program year:

- |                                      |   |   |   |
|--------------------------------------|---|---|---|
| <input type="radio"/> 10-Pin Bowling | <input type="radio"/> Bocce Ball            | <input type="radio"/> Floor Hockey* Div:_____ | <input type="radio"/> Soccer* Div:_____   |
| <input type="radio"/> 5-Pin Bowling  | <input type="radio"/> Basketball* Div:_____ | <input type="radio"/> Golf                    | <input type="radio"/> Softball* Div:_____ |
| <input type="radio"/> Alpine Skiing  | <input type="radio"/> Curling               | <input type="radio"/> Power-lifting           | <input type="radio"/> Speed Skating       |
| <input type="radio"/> Aquatics       | <input type="radio"/> Equestrian            | <input type="radio"/> Rhythmic Gymnastics     | <input type="radio"/> Synchro-Swimming    |
| <input type="radio"/> Athletics      | <input type="radio"/> Figure Skating        | <input type="radio"/> Snowshoeing             | <input type="radio"/> Walking Program     |

**Important Information:** Please be aware that additional Community fees may apply. Contact your community for further details on what is needed to complete your enrollment.

## Athlete Waivers

Please refer to the following attached waivers:

- Participant Waiver
- Consent to use Personal Information and Privacy Policy Confirmation
- Code of Conduct and Ethics
- Media Release Form

### Please Note:

If using a paper/printed form to register for Special Olympics programming, all of the above waivers are required to be signed and submitted to your Community Executive Committee.

**Waivers 1, 2, and 3** (*Participant Waiver, Consent to Use Personal Information and Privacy Policy Confirmation, Code of Conduct and Ethics*) are **MANDATORY** in order to be able to participate in Special Olympics programming.

The *Media Release Form* is optional for athletes and volunteers to agree to.

---

Thank you for your interest in joining Special Olympics Saskatchewan.

We hope that you will have a great experience and that you come to feel a part of this very special family.

Your local Special Olympics community will be able to assist you with anything that you need throughout your experience. **As a next step, please contact your community executive if you have not already been assigned to a specific program.** The community executive in your area will be able to work with your personal interests and availability to find you a great fit within the programs that are offered.

In addition, please feel free to contact the provincial office should you need help with any other inquiries you may have.

Together, we are **Changing Minds and Changing Lives.**

### Special Olympics Saskatchewan

The George Reed Centre for Special Olympics Saskatchewan

1121 Winnipeg Street, Regina SK, S4R 1J5, Canada **Tel** 1 888 307 6226 **Fax** 1 306 780 9441

[www.specialolympics.ca/saskatchewan](http://www.specialolympics.ca/saskatchewan) **Email** [sos@specialolympics.sk.ca](mailto:sos@specialolympics.sk.ca) **Twitter** @SpecialOSask **Facebook:** /SOSask

*Created by the Joseph P. Kennedy Jr. Foundation for the benefit of persons with intellectual disabilities*