

SCHOOL APPLICATION



Program: _____

Are you new to Special Olympics or re-registering?

New

Re-Registering

STUDENT INFORMATION	
First Name:	Last Name:
Date of Birth:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
Email:	Role: <input type="checkbox"/> Athlete <input type="checkbox"/> Partner
Race/Ethnicity (Optional):	
<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Two or More Races <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino	
School:	
Final Year at the school:	
Shirt Size:	
<input type="checkbox"/> Requires Wheelchair Accessible Locations	
<input type="checkbox"/> Language Needs:	
<input type="checkbox"/> Medical Conditions:	
<input type="checkbox"/> Special Diet:	
<input type="checkbox"/> Other:	
PARENT/GUARDIAN INFORMATION	
Name:	
Relationship:	
Address:	City:
State/Province:	Postal Code:
Phone:	<input type="checkbox"/> Cell Phone <input type="checkbox"/> Home Phone
E-mail:	<input type="checkbox"/> Home E-mail <input type="checkbox"/> Work E-mail
EMERGENCY CONTACT INFORMATION	
<input type="checkbox"/> Same as Guardian/Parent	
Name:	
Phone:	Relationship:

SCHOOL RELEASE FORM



I am the Parent or Guardian of the student named below and agree to the following:

1. **Able to Participate.** The Athlete/Partner is physically able to take part in Special Olympics.
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 the Athlete/Partner's likeness, photo, video, name, voice, and words 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 participate with or after a concussion or other injury. The Athlete/Partner may have to get medical care if there is a suspected concussion or other injury. The Athlete/Partner also may have to wait 7 days or more and get permission from a doctor before playing sports again.
4. **Emergency Care.** If a parent or guardian is unavailable to consent or make medical decisions in an emergency, I authorize Special Olympics to seek medical care for the Athlete/Partner, 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. **Health Programs.** If the Athlete takes part in a Special Olympics health program, I consent to health activities, exams, and treatment for the Athlete. This should not replace regular health care. I can say no to treatment or anything else any time for the Athlete.
6. **Personal Information.** I understand that Special Olympics will be collecting the Athlete/Partner's personal information as part of participation, including name, image, address, telephone number, health information, and other personally identifying and health related information provided to Special Olympics ("personal information").
 - I agree and consent to Special Olympics:
 - using the personal information in order to: confirm eligibility and safe participation; run trainings and events; share competition results (including on the Web and in news media); provide health treatment if the Young Athlete participates 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 the personal information and creating a profile for communications and marketing purposes, including direct digital marketing through email, SMS, social media, and other channels.
 - sharing 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 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 the 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 the personal information as provided in this consent.
 - I have the right to ask to see the personal information or to be informed about the personal information that is processed. I have the right to ask to correct and delete the personal information, and to restrict the processing of 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 <https://www.sonh.org/privacy-policy/>.

Athlete/Partner's Name:	
PARENT/GUARDIAN SIGNATURE	
I am a parent or guardian of the Athlete/Partner. I have read and understand this form. By signing, I agree to this form on my own behalf and on behalf of the Athlete/Partner.	
Parent Guardian Signature:	Date:
Printed Name:	Relationship: