**PARTICIPANT INFORMATION**

**Name Date of Birth**

|  |  |  |
| --- | --- | --- |
| **Gender**[ ]  **Male**[ ]  **Female** | **Has an Intellectual or Developmental Disability**[ ]  **Yes**[ ]  **No** | **T-Shirt Size**[ ]  **Youth Small** [ ]  **Adult Small**[ ]  **Youth Medium** [ ]  **Youth Medium**[ ]  **Youth Large** [ ]  **Youth Large** |

**Please mark items you would like Special Olympics to know about:**

[ ]  **Requires Wheelchair Accessible Locations**

[ ]  **Language Needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

[ ]  **Medical Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

[ ]  **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT/GUARDIAN INFORMATION**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name Relationship**

**Address**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City State Zip**

**Email Phone**

**EMERGENCY CONTACT INFORMATION** (other than Parent/Guardian; Parent/Guardian will be contacted first in an emergency)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Name Relationship Phone**

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

1. **Able to Participate.** The Participant is able to take part in Special Olympics. I understand that with any physical activity there is a risk of injury.
2. **Photo Release.** Special Olympics organizations may use the Unified Champion School Participant’s picture, video, name, voice, and words to promote Special Olympics.
3. **Emergency Care.** If a medical emergency should arise during the Unified Champion School Participant’s in Special Olympics activities at a time when a parent or guardian is not present to make medical decisions, I consent to medical care for the Participant if needed, unless I check one of these boxes:

[ ]  I have a religious or other objection to the Participant receiving medical treatment.

[ ]  I consent to emergency medical care, but I do not consent to blood transfusions for the Participant. (If either box is checked, and EMERGENCY MEDICAL CARE REFUSAL FORM must be completed.)

1. **Health Programs.** If the Participant takes part in a Special Olympics health program, I consent to health activities, exams, and treatment for the Participant. This should not replace regular health care. I can say no to treatment or anything else any time for Unified Champion Schools.
2. **Personal Information.** I understand personal information may be used and shared by Special Olympics to:
	* Make sure the Participant can participate safely;
	* Run trainings and events and share results;
	* Put the Participants information in a computer system;
	* Provide health treatment, make referrals, consult doctors, and remind me about follow-up services;
	* Research, share, and respond to needs of Special Olympics participants (identifying information removed if shared publically); and
	* Protect health and safety, respond to government requests, and report information required by law.

I can ask to see and change the Participant’s information. I can ask to limit how the information is used.

1. **Concussions.** I understand the risk of concussions and continuing to play sports with concussions. The Participant may have to get medical care if a concussion is suspected. The Participant also may have to wait 10 days or more and get permission from a doctor before they start playing sports again.

**Unified Champion School Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT/GUARDIAN SIGNATURE**

I am a parent or guardian of the Participant. I have read and understand this form. By signing, I agree to this form on my own behalf and on behalf of the Participant.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_