

SPECIAL OLYMPICS NOVA SCOTIA ATHLETE APPLICATION FORM

REGISTRATION DATE:		UPDATED:		REGION:	
TITLE	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/>	LAST NAME			<i>Numerical Identifier - Office Use Only</i>
FIRST NAME			MIDDLE NAME OR INITIAL		
HOME ADDRESS & CONTACT INFORMATION	<i>Street Name & No.</i>		<i>Apt. No. or R.R. No.</i>		
	<i>City</i>		<i>Province</i>	<i>Postal Code</i>	
	<i>Home Phone No.</i>		<i>Cell/Mobile No.</i>		<i>E-mail Address</i>
BUSINESS OR SCHOOL ADDRESS & PHONE NO.	<i>Company or School Name</i>			<i>Suite/Unit No.</i>	
	<i>Street Name & No.</i>		<i>Province</i>	<i>Postal Code</i>	
	<i>City</i>				
	<i>Business Phone No.</i>			<i>Fax No.</i>	
EMERGENCY CONTACT	<i>Name</i>		<i>Relationship</i>		
	<i>Day Phone No.</i>		<i>Evening Phone No.</i>		
	<i>Cell No.</i>		<i>E-mail address</i>		
ALTERNATE EMERGENCY CONTACT	<i>Name</i>		<i>Relationship</i>		
	<i>Day Phone No.</i>		<i>Evening Phone No.</i>		
	<i>Cell No.</i>		<i>E-mail address</i>		
GENDER	Male <input type="checkbox"/> Female <input type="checkbox"/>		DATE OF BIRTH	Month Day Year	
CONTACT PREFERENCE	English <input type="checkbox"/> French <input type="checkbox"/>		PREFERRED METHOD OF CONTACT	Phone <input type="checkbox"/> Mail <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/>	
MAIL TO	Home <input type="checkbox"/> Business/School <input type="checkbox"/>		SPOKEN LANGUAGES	English <input type="checkbox"/> French <input type="checkbox"/> Other	
PARENT/ GUARDIAN INFORMATION	<i>First Name</i>		<i>Last Name</i>		
	<i>Street Name & No.</i>		<i>Province</i>	<i>Postal Code</i>	
	<i>City</i>				
	<i>Day Phone No.</i>		<i>Evening Phone No.</i>		<i>E-mail address</i>
LIVING SITUATION	<input type="checkbox"/> Parental <input type="checkbox"/> Non-parental Family <input type="checkbox"/> Foster Parents/Caregiver/Guardian <input type="checkbox"/> Independent <input type="checkbox"/> Group Home <input type="checkbox"/> Supported Independent Living <input type="checkbox"/> Prefer not to say				
	<i>Name of Group Home</i>			<i>Group Home Phone Number</i>	
	<i>Name of Support Worker</i>			<i>Support Worker Phone No.</i>	

SEE REVERSE SIDE

SPECIAL OLYMPICS NOVA SCOTIA - ATHLETE APPLICATION FORM

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FIRST NAME		LAST NAME		Numerical Identifier – Office Use Only
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MEDICAL INFORMATION	Provincial Health Card Number & Expiry Date		Issuing Province	
	Doctors' Name		Doctor's Phone No.	
	Allergies		Dietary Restrictions	
	Medication			
	Does Applicant have seizures <input type="checkbox"/> No <input type="checkbox"/> Yes IF YES, PLEASE INDICATE HOW THESE ARE CONTROLLED			
	General Medical Information (More detailed space provided below)			
	Down Syndrome Information <input type="checkbox"/> No <input type="checkbox"/> Yes IF YES, PLEASE COMPLETE INFORMATION BELOW			
	DATE OF LAST ATLANTO-AXIAL DISLOCATION X-RAY		Month	Day
WAS THE X-RAY NEGATIVE OR POSITIVE?		<input type="checkbox"/> Negative		<input type="checkbox"/> Positive

PROGRAMS OFFERED	WINTER SPORTS		SUMMER SPORTS		
	<input type="checkbox"/> Floor Hockey	<input type="checkbox"/> 5-Pin Bowling	<input type="checkbox"/> Soccer	<input type="checkbox"/> Masters	<input type="checkbox"/> Swimming
	<input type="checkbox"/> Curling	<input type="checkbox"/> Figure Skating	<input type="checkbox"/> 5-Pin Bowling	<input type="checkbox"/> Athletics	
	<input type="checkbox"/> Snowshoeing	<input type="checkbox"/> Speed Skating	<input type="checkbox"/> Powerlifting	<input type="checkbox"/> Golf	OTHER
	<input type="checkbox"/> Cross Country Skiing		<input type="checkbox"/> Rhythmic Gymnastics	<input type="checkbox"/> Softball	<input type="checkbox"/> Youth

ATHLETE MEDICAL INFORMATION – CONTINUED:
 Please list all medications, dosage, time to administer, self administered:

BEHAVIORAL & COMMUNITY INFORMATION: (behavioural ie: does not like crowds, tends to wander off, fearful of etc...)

Athlete or Guardian _____ If Guardian, what is relationship _____
 Signature _____ Print Name _____ Date _____

Submit to: Regional Contact Information Here:

Regional Info: Updated Database: Y N DATE: _____
 Forms Collected: Release Y N Consent Form: Y N Copies Given: Coach Y N