

**Special
Olympics
Nova Scotia**



Athlete Registration Form

Does the applicant have an Intellectual Disability		YES <input type="checkbox"/> NO <input type="checkbox"/>		
Athlete Title	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/>	Email Address		
First Name		Middle Name/Initial		
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth	Month _____ Day _____ Year _____	
Home Address	Street Name and No.	Apt. No. or R.R. No.		
	City	Province	Postal Code	
Emergency Contact	Name	Relationship		
	Home Phone No.	Work Phone No.		
	Cell Phone No.	Email Address		
Program Selection				
SONS Regions	<input type="checkbox"/> Halifax	<input type="checkbox"/> Dartmouth	<input type="checkbox"/> Sackville / Bedford	<input type="checkbox"/> Kings
	<input type="checkbox"/> Digby	<input type="checkbox"/> Clare	<input type="checkbox"/> Annapolis	<input type="checkbox"/> Yarmouth
	<input type="checkbox"/> Shelburne	<input type="checkbox"/> Lunenburg Queens	<input type="checkbox"/> Cobequid	<input type="checkbox"/> Amherst
	<input type="checkbox"/> Pictou	<input type="checkbox"/> Eastern Highlands	<input type="checkbox"/> Cape Breton	
*ONLY check the REGION <u>wish to participate in.</u>				
Youth Programs	<input type="checkbox"/> Active Start (2-6 years) <input type="checkbox"/> FUNdamentals (7-12 years)			
	* Athletes who are ONLY enrolled in youth programs do not need to make sport program selections.			
Sport Programs (13+ yrs.)	<input type="checkbox"/> 5-Pin Bowling	<input type="checkbox"/> Speed Skating	<input type="checkbox"/> Swimming	<input type="checkbox"/> Athletics
	<input type="checkbox"/> Basketball	<input type="checkbox"/> Bocce	<input type="checkbox"/> Cross Country Skiing	<input type="checkbox"/> Curling
	<input type="checkbox"/> Figure Skating	<input type="checkbox"/> Floor Hockey	<input type="checkbox"/> Golf	<input type="checkbox"/> Powerlifting
	<input type="checkbox"/> Rhythmic Gymnastics	<input type="checkbox"/> Soccer	<input type="checkbox"/> Softball	<input type="checkbox"/> Snowshoeing
*ONLY check the sports you <u>wish to participate in.</u>				
Living Situation	<input type="checkbox"/> With Parents	<input type="checkbox"/> With Family—Not Parents	<input type="checkbox"/> Foster Parent/Caregiver/Guardian	
	<input type="checkbox"/> Independent	<input type="checkbox"/> Institution	<input type="checkbox"/> Supported Independent Living	
	<input type="checkbox"/> Prefer Not to Say	<input type="checkbox"/> Group Home <small>(If YES, please complete the following)</small>		Name of Group Home
	Group Home Contact	Group Home Phone No.	Group Home Email	
Health Card No.		Issuing Prov.	Expiry Date (MM/YY)	
Does the athlete have Down Syndrome?		Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(If yes please complete line below)</small>		
Date of Last Atlanto-Axial Dislocation X-Ray (MM/YY)		Results	Positive <input type="checkbox"/> Negative <input type="checkbox"/>	
Medical Information				
Dietary Restrictions (Please List)				
Does the athlete have seizures? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, please indicate how these are controlled.		
Does the athlete have allergies? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, please list.		
Doctors' Name		Doctors' Phone Number		

Medical Information (Continued)	Does the athlete have any medical diagnosis that program leaders or the office should be aware of:			
Medication Please attach a separate list of current medications. Include medication name (s), dosage, time (s) administered and whether or not they are self-administered. *Note: please notify the office of any changes.				
Phone No.	Home	Cell	Primary Language	English <input type="checkbox"/> French <input type="checkbox"/>

Does the athlete have a criminal record of any kind, or have they ever been charged with a criminal offence? Yes No
If yes, please indicate the nature of the offence: _____

I HAVE READ THE FOLLOWING DOCUMENTS AND AGREE TO THEIR GUIDELINES:

- 1.) Code of Conduct and Ethics - Pan Canadian Policy
 - 2.) Criminal Offenses and Investigations Policy - Policy 2000-17
- Policies can be found at www.specialolympics.ca/pei/learn/policies-publications

Special Olympics Nova Scotia Inc. the "Organization"
COVID-19 DECLARATION AND AGREEMENT

This form is for any person who is a participant or volunteer of the organization, or an attendee at an event, program or activity of the organization.

By signing this form, the person named below, or the person's guardian, states all of the following to be true:

The person:

1. Does not knowingly have COVID-19.
2. Is not experiencing any known symptoms of COVID-19, such as fever, cough, shortness of breath, or feeling unwell.
3. Has not travelled internationally during the past 14 days.
4. Has not, in the past 14 days, knowingly come into contact with someone who either:
 - a) has COVID-19,
 - b) has known symptoms of COVID-19, or
 - c) is self-quarantining after returning to Canada.
5. Has been following government recommended guidelines for COVID-19, including practicing physical distancing.

Further, by signing below, the person or their guardian agrees to the following:

While attending or participating in the organization's events, programs or activities or attending the organization's facilities, the person will:

1. Follow the laws, recommended guidelines, and protocols for COVID-19 issued by the provincial/territorial government, the local municipality, and all local medical officers of health.
2. Follow the guidelines and protocols mandated by Special Olympics for COVID-19.
3. Take the following actions if they experience any symptoms of illness, such as a fever, cough, difficulty breathing, shortness of breath, or feeling unwell:
 - a) immediately tell a representative of the organization of the symptoms,
 - b) identify everyone with whom they had contact at the organization's events, programs, activities or facilities, the symptoms experienced; and
 - c) leave the event, program, activity or facility.

FOR ANYONE WHO HAS BEEN DIAGNOSED WITH COVID-19

By signing below, you or your guardian state all of the following to be true:

1. You have been diagnosed with COVID-19.
2. You have been cleared as noncontagious by provincial/territorial or local public health authorities.
3. You have given to Special Olympics Nova Scotia Island written confirmation from a medical doctor of your diagnosis and clearance, along with this COVID-19 DECLARATION AND AGREEMENT.

Please check the appropriate box and sign below.

I am an athlete. I confirm that I understand and agree to the terms and conditions in this Declaration and Agreement.

Date: _____ Name: _____ Signature: _____

I am a parent or legal guardian of the athlete named on this Declaration and Agreement. I confirm that I understand and have explained the terms in this form to the athlete and agree on their behalf to the conditions stated above. I also confirm that I have legal authority to sign this document on behalf of the person. I understand that Special Olympics Nova Scotia is relying on my statement that I have the legal authority as guardian or parent, and I agree to provide the organization with any document to confirm this authority if they request it. I also agree to indemnify and protect the organization from any harm or cost if I have signed this Declaration and Agreement without legal authority to do so.

Date: _____ Name: _____ Signature: _____