

SPECIAL OLYMPICS ALAMANCE COUNTY 2020-2021 Athlete Registration Form

ATHLETE INFORMATION

Athlete Name: _____ Age: _____ Date of Birth: _____ Gender: _____

Address: _____
Street City State Zip

Phone: _____ Cell Phone: _____ Email Address: _____

Emergency Contact 1: _____
 (Parent/staff) Name Relationship Home Phone Cell/Work Phone

Emergency Contact 2: _____
 (if above is unavailable) Name Relationship Home Phone Cell/Work Phone

Uniform sizes Shorts: S M L XL XXL Shirt: S M L XL XXL Adult Youth

For new athletes only: Please provide any information we should know about the athlete to help provide a safe and fun experience:

MEDICAL INFORMATION

Primary Diagnosis: _____ Secondary Diagnosis: _____

If Down Syndrome, result of the Atlanto-Axial Instability test: Positive Negative

Does participant have a seizure disorder? Yes No If Yes, Date of Last Seizure: _____

ALLERGIES

Food Allergies: _____ Reaction: _____

Medication Allergies: _____ Reaction: _____

Other Allergies: _____ Reaction: _____

Does participant carry/use an EpiPen? Yes No

MEDICATIONS

Please list all medications participant takes (if more than three, please attach list):

Medication Name	Dosage	Time	Purpose

SPORT INFORMATION

Please check the following sports the athlete is registering for (dates and times are subject to change)

<u>Sport</u>	<u>Season Length</u>	<u>Practice Day</u>	<u>Practice Time</u>	<u>Location</u>
<input type="checkbox"/> Basketball	2/1-3/28	Saturdays	9:00-10:00am	The Lamb's Chapel Haw River
<input type="checkbox"/> Bowling	3/23-5/25	Mondays	5:30pm-7:30pm	Buffaloe Lanes
<input type="checkbox"/> Bowling	3/25-5/27	Wednesdays	6:00-7:00pm	Country Club Lanes
<input type="checkbox"/> Swim	3/4-5/27	Wednesdays	6:00-7:00pm	Maynard Aquatic Center
<input type="checkbox"/> Swim	3/7-5/23	Saturdays	11:00am-12:00pm	YMCA
<input type="checkbox"/> Elon Intramurals Basketball	2/11-3/10	Tuesdays	5:00-6:00pm	South Gym, Elon
<input type="checkbox"/> Elon Intramurals Flag Football	3/24-4/28	Tuesdays	5:00-6:00pm	Harden Clubhouse Fields, Elon
<input type="checkbox"/> SO Fit	3/16-5/4	Mondays	5:30pm-6:30pm	Graham Rec Center

TRANSPORTATION

Please check the appropriate box:

- _____ I will be providing own transportation
- _____ I will be providing own transportation and am willing to help others by carpooling
- _____ I do not have transportation and will need assistance

**SPECIAL OLYMPICS ALAMANCE COUNTY
ALAMANCE RECREATION AND PARKS DEPARTMENT
LIABILITY WAIVER**

I, or the parent/guardian of, _____, hereby give permission for my son's/daughter's/self participation in the above checked sports programs, conducted by the Special Olympics Alamance County program and the Alamance County Recreation & Parks Department. I assume all risks and hazards incidental to such participation including transportation to and from all activities, and do so hereby waive, release, absolve, indemnify and agree to hold harmless Alamance County, its officers, agents and employees, the Parks and Recreation Commission, the coaches and co-sponsors from any claims arising out of injury to the above named person.

In addition, I give my permission to any licensed medical facility to provide treatment as deemed necessary by them for the well-being of my child/ward/self.

Parent/Guardian/Athlete (if own guardian) signature: _____.

Date: _____.

Note: All athletes also must complete an Application for Participation in Special Olympics (medical form renewable every 3 years), and an Official Special Olympics Release Form.

_____ Special Olympics Medical Form on File

_____ Special Olympics Medical Form Enclosed

**Please complete and return to:
Special Olympics Alamance County
c/o Alamance Parks
3916 R. Dean Coleman Rd.
336-229-2410; recinfo@alamance-nc.com
www.alamanceparks.com**