



UNIFIED SPORTS^(R) PARTNER PARTICIPATION FORM



PLEASE PRINT. CLEARLY, IN BLOCK LETTERS. USE PEN, BLACK INK ONLY. SEE REVERSE.

PARTNER INFORMATION

SPORT PARTICIPATING IN: _____

NAME _____

SEX: M F AGE: _____ *

ADDRESS _____

Date of Birth: MO ___ DAY ___ YR ___

CITY _____ ST ___ ZIP _____ - _____

Day Phone (____) _____ - _____

I am a registered Volunteer, ID # _____

Eve. Phone (____) _____ - _____

No, I am not a registered Volunteer. Attached is my completed Volunteer Registration Form

*If under 18; PARENT OR GUARDIAN Name: _____

ADDRESS _____ CITY _____ ST ___ ZIP _____ - _____

Day Phone (____) _____ - _____ Eve. Phone (____) _____ - _____

EMERGENCY CONTACT

Name _____ Relationship _____

Day Phone (____) _____ - _____ Eve. Phone (____) _____ - _____

HEALTH AND ACCIDENT INSURANCE INFORMATION

COMPANY NAME: _____ Phone #: (____) _____ - _____

POLICY NO. _____

PLEASE CHECK ANY OF THE FOLLOWING THAT APPLY:

	YES	NO	COMMENTS
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart/Blood Pressure Problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	_____
Recent Contagious Disease or Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bleeding Problem	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other <input type="checkbox"/>			_____

SPECIAL OLYMPICS RELEASE & WAIVER OF LIABILITY

PARTICIPATION: In consideration of participating in a Special Olympics Unified Sports^(R) I represent that I understand the nature of the event and that I (and/or my minor child) agree to observe and abide by the rules of Special Olympics New Jersey and that I (and/or my minor child) am (are/is) qualified, in good health and in proper physical condition to participate in this event. I fully understand the event involves risks of serious bodily injury which may be caused by my own actions or inactions, the actions of others participating in the event, or by conditions in which the event takes place. I fully accept and assume all such risks and all responsibility for losses, costs, and/or damages I (and/or my minor child) may incur as a result and will discontinue participation immediately.

CONSENT TO TREATMENT: I authorize such physician or medical staff as Special Olympics may designate to carry out any minor medical or surgical treatment and/or medication necessary, or take the above-named partner to the emergency room of the nearest hospital, and I further authorize the hospital and its medical staff to provide treatment deemed necessary by them for the well-being of such partner. It is understood, however, that if hospitalization or treatment of a serious nature is required, the parent/guardian/emergency contact will be contacted, if possible.

RELEASE OF CLAIM: I (and/or my minor child) release, indemnify, covenant not to sue, and hold harmless Special Olympics, its administrators, directors, agents, officers, volunteers, employees, and other Unified Sports^(R) participants, sponsors, advertisers, and if applicable, any owners and lessors of premises on which the activity takes place from all liability, any losses, claims (other than that of the medical accident benefit), demands, costs, or damages that I (and/or my minor child) may incur as a result of participation in Unified Sports^(R) events and further agree that if, despite the "Release and Waiver of Liability" agreement, I or anyone on my behalf makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage of cost which may incur as a result of such action.

PERMISSION TO PUBLISH: I grant Special Olympics permission to use my likeness, voice, and words in television, radio, film, or any other media to promote the activities of Special Olympics.

I have read this "Release & Waiver of Liability" and fully understand it.

Signature of Unified Sports^(R) Partner Date: ____ / ____ / ____

Signature of Parent or Guardian Date: ____ / ____ / ____

GENERAL INSTRUCTIONS

1. Use a black permanent pen/marker. Print only when filling out form.
2. Complete all portions of this form. No Partner will be permitted to participate in Special Olympics until all portions are completed. Form may be completed by the Partner or any knowledgeable person (e.g., parent, guardian, teacher, coach, school nurse, doctor, etc.).
3. This form must be completed before participation and is only valid in the Current Program year, for the Sport listed.
4. Release & Waiver must be signed - by either the Unified Sports^(R) Partner or the Parent/Legal Guardian
5. Send original copy. You may want to make additional copies from original prior to mailing.



Special Olympics

New Jersey

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