



## Special Olympics New Jersey Young Athletes Registration Form

Register your child, ages 2 through 7, as a Special Olympics New Jersey Young Athlete

### Athlete Information:

First Name:	Last Name:
Birthdate (mm/dd/yyyy):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Registrant Type:</b>	
<input type="checkbox"/> Young Athlete (Ages 2-7 with a disability) <input type="checkbox"/> Unified Partner (Ages 2-7 without a disability)	

### Additional Information:

<b>Does this Athlete have?</b> <i>(Check all that apply)</i>	
<input type="checkbox"/> Autism <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Down Syndrome <input type="checkbox"/> Fetal Alcohol Syndrome <input type="checkbox"/> Fragile X Syndrome <input type="checkbox"/> Unidentified	Other: _____
<b>Please Mark Items you would Special Olympics to know:</b>	
<input type="checkbox"/> Requires wheelchair accessibility <input type="checkbox"/> Medical condition <input type="checkbox"/> Special Diet/Allergies	Other: _____
<b>Race/Ethnicity</b> <i>(optional):</i>	
<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> More than one race	<input type="checkbox"/> Black or African American <input type="checkbox"/> Asian American <input type="checkbox"/> Hispanic or Latinx

### Parent/Guardian Information:

First Name:	Last Name:	I prefer communication in: <input type="radio"/> English <input type="radio"/> Spanish
Email Address:	Phone Number:	
Mailing Address (House #, Street, Apt #):		
City:	State:	Zip Code:
County Name: <i>County in which you reside in</i>		

### How did you hear about the Young Athletes Program?

<input type="radio"/> School	* Name of School: _____
<input type="radio"/> Early Intervention	* Name of Service: _____
<input type="radio"/> Internet/Website	<input type="radio"/> Friend
Other: _____	



## **Athlete Release Form:**

I am the parent or guardian of the Young Athlete named above and agree to the following:

1. **Able to Participate.** The Young Athlete is able to take part in Special Olympics. I understand there is a risk of injury.
2. **Photo Release.** Special Olympics organizations may use the Young Athlete's picture, video, name, voice and words to promote Special Olympics.
3. **Emergency Care:** If a medical emergency should arise during the Young Athlete's participation 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 Young Athlete if needed, unless I check one of these boxes:
  - I have a religious or other objection to the Young Athlete receiving medical treatment.**
  - I consent to emergency medical care, but I do not consent to blood transfusion for the Young Athlete.**

*(If either box is checked, an EMERGENCY MEDICAL CARE REFUSAL form will be sent and MUST be completed)*

4. **Health Programs.** If the Young Athlete takes part in a Special Olympics health program, I consent to health activities, exams, and treatment for the Young Athlete. This should not replace regular health care. I can say no to treatment or anything else at any time for the Young Athlete.
5. **Personal Information.** I understand personal information may be used and shared by Special Olympics to:
  - Make sure Young Athletes can participate safely;
  - Run training and events and share results;
  - Put the Young Athletes 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 the Special Olympics participants (identifying information removed if shared publicly); and
  - Protect health and safety, respond to government requests, and report information required by law.
  - I can ask to see and change the Young Athlete's information. I can ask to limit how the information is used.
6. **Concussions.** I understand there is a risk of concussions and continuing to play sports with a concussion. The Young Athlete may have to get medical care if a concussion is suspected. The Young Athlete may also have to wait 7 days or more and get permission from a doctor before he/she starts playing sports again.

I am the parent/guardian of the participant named on this registration form. I have read and fully understand the provisions of the above release. Through my signature on this release form, I am agreeing to the above provisions on my own behalf and on the behalf of the participant named above to participate in Special Olympics games, recreation programs and physical activity programs.

**Parent/Guardian Signature:**

**Today's Date:** (mm/dd/yyyy)

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**WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT  
FOR COMMUNICABLE DISEASES  
("Agreement") for  
SPECIAL OLYMPICS NEW JERSEY**

In consideration of being allowed to participate in any way in Special Olympics sports training, competition or fundraising activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious and/or communicable diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Special Olympics, Inc, Special Olympics New Jersey, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Name of Participant: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

**FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION) OR THOSE OVER 18 WITHOUT THE CAPACITY TO SIGN FOR THEMSELVES.**

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of Participant: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

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

Date signed: \_\_\_\_\_

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