Special Olympics
Michigan

# Young Athletes™ Registration Form

special olympics young athlete program

**About the Athlete (Your Child):** **AREA:**

**Athlete's Name (Last)**_____**(First)**_____

**Address:**_____ _____

**City:**_____ **Zip Code**_____

**Gender:** ❒Male ❒Female **Birth Date:** Month____ Day_____ Year_____ **Phone:** _____

**T- Shirt Size:** ❒ Child Small ❒ Child Medium ❒ Child Large
❒ Adult Small ❒ Adult Medium ❒ Adult Large

**Basic Health Information:**

| | | | | | |
|---|---|---|---|---|---|
| Heart Problems | ❒ Yes | ❒ No | Blind | ❒ Yes | ❒ No |
| Diabetic | ❒ Yes | ❒ No | Deaf | ❒ Yes | ❒ No |
| Epileptic / Seizure | ❒ Yes | ❒ No | Hepatitis | ❒ Yes | ❒ No |
| Down Syndrome | ❒ Yes | ❒ No If Yes ----------→ | Clear AAI | ❒ Yes | ❒ No |

Other: _____ Allergies: _____

**Does the child attend a formal daycare or preschool program?** ❒ Yes ❒ No
**Does the child attend school?** ❒ Yes ❒ No **(What Grade/Year:** _____**)**

**About the Parents / Guardians:**

**Parent or Guardian Name:** _____
**(Last/Family)** **(First/Given)**

**Phone:** _____ **Cell Phone:** _____

**Email :** _____

**What is the Relationship to the Participant you are registering?** (Please Circle)

Parent Guardian Sibling Other Family Member Other: _____

I am the parent/guardian of _____, the minor participant, on whose behalf I have submitted the attached application for participation in Special Olympics. The participant has my permission to participate in Special Olympics activities. I further represent and warrant that to the best of my knowledge and belief, the participant is physically and mentally able to participate in Special Olympics.

In permitting the participant to participate, I am specifically granting my permission, forever, to Special Olympics to use the participant's likeness, voice and words in television, radio, film, newspapers, magazines and other media, and in any form, for the purpose of publicizing, promoting or communicating the purposes and activities of Special Olympics and/or applying for funds to support those purposes and activities. I also understand that group data collected from the Young Athletes Program will be used to plan, evaluate, and improve the program.

If a medical emergency should arise during the participant's participation in any Special Olympics activities, at a time when I am not personally present so as to be consulted regarding the participant's care, I hereby authorize Special Olympics, on my behalf, to take whatever measures are necessary to ensure that the participant is provided with any emergency medical treatment, including hospitalization, which Special Olympics deems advisable in order to protect the participant's health and well-being.

I am the parent (guardian) of the participant named in this application. I have read and fully understand the provisions of the above release, and have explained these provisions to the participant. 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. I hereby give my permission for the participant named above to participate in Special Olympics games, recreation programs, and physical activity programs.

_____ _____ _____
Signature of Parent/Guardian Date Print Name

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