



SCHOOL PROGRAMS/UNIFIED SPORT PROGRAM REGISTRATION FORM

I am registering as:

SOM Athlete

Unified Partner

School Staff

Name: _____

MEMBER INFORMATION

(Please Print & Fully Complete One Form per Program Member)

Name _____ Birth Date ____/____/____ Sex M F
Last First DD MM YY

Address _____ City _____ Postal Code _____

Phone Numbers (Home) _____ (Work) _____ (Cell) _____

Email Address _____

Emergency Contact

Parent/Caregiver _____ Relationship _____

Address _____ City _____ Postal Code _____

Phone Numbers (Home) _____ (Work) _____ (Cell) _____

Email Address _____

Alternate Decision Maker

Parent/Caregiver _____ Relationship _____

Address _____ City _____ Postal Code _____

Phone Numbers (Home) _____ (Work) _____ (Cell) _____

Email Address _____

SAFETY POLICY

Special Olympics Manitoba (SOM) will protect your personal information and adhere to all legislative requirements with respect to privacy.

RELEASE - I, the undersigned athlete, parent, caregiver and/or guardian of the above named athlete, warrant you that the athlete is eligible to participate in SOM. I authorize SOM to act in the best interest on behalf of the athlete to ensure that necessary care and treatment is provided in case of an emergency. I also agree that Special Olympics Manitoba can use my picture/image or name in any promotional items. Please check: I **DO NOT** permit SOM to use my picture for website, newsletters, advertising or promotional use.

LIABILITY- I understand that Special Olympics activities involve health and safety risks, and Special Olympics staff, volunteers and venues cannot reasonably remove these risks. By signing this form, I agree to accept all risks associated with being present at or participating in Special Olympics activities.

ATHLETE SIGNATURE (IF OVER 18) _____ DATE _____

PARENT/GUARDIAN SIGNATURE (IF ATHLETE IS UNDER 18) _____

PRINT NAME _____ RELATIONSHIP TO ATHLETE _____