



Special Olympics
Manitoba

ATHLETE MEMBERSHIP FORM

Program Year 20____/20____



Special Olympics
Manitoba

PERSONAL INFORMATION (Please Fully Complete One Form Per Athlete)

Please Print

Name (Last, First) _____ Sex (M or F) _____

Birth Date

MM / DD / YY

Address _____ City _____ Postal Code _____

Phone(H) _____ (W) _____ Email Address _____

Please Check

I would like receive information on the Athlete Leadership Program

Primary Contact

Parent/Caregiver _____ Relationship _____

Address _____ City _____ Postal Code _____

Phone(H) _____ (W) _____ Email Address _____

I would like to be sent information about volunteering with Special Olympics Manitoba (please check)

(If Primary Contact is group home, please provide Family contact in following space)

Alternate Contact _____ Relationship _____

Address _____ City _____ Postal Code _____

Phone(H) _____ (W) _____ Email Address _____

ACTIVITY PROFILE (Please use specific club name(s) from the Provincial Program Listings)

List Clubs _____

Bridge the Gap (school based) _____

To help us improve our service to Manitoba's athletes, we would like to ask you a couple of questions.

How did you hear about Special Olympics Manitoba? (if Doctor please give name and type)

Do you think there is enough advertising, promoting the various opportunities SOM offer? Yes ____ No ____

Suggestions: _____

Were you given enough information for registration? Yes ____ No ____

PRIVACY POLICY

Special Olympics Manitoba (SOM) will protect your personal information and adhere to all legislative requirements with respect to privacy. We use your personal information to provide services and to keep you informed and up to date on the activities of SOM, including programs, services, special events, funding requirements and media.

- I DO NOT permit SOM to provide any third parties my personal information. (please check)
- I DO NOT permit SOM to use my picture for website, newsletters, advertising or promotional use. (please check)

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.

DATE _____ ATHLETE SIGNATURE IF OVER 18 _____

PARENT/GUARDIAN SIGNATURE IF ATHLETE IS UNDER 18 _____

PRINT NAME _____ RELATIONSHIP TO ATHLETE _____