



ATHLETE REGISTRATION FORM

MISSION STATEMENT

Enriching the lives of Manitobans with an intellectual disability through active participation in sport.

The athlete registering with Special Olympics Manitoba has an intellectual disability. Yes No

ATHLETE INFORMATION *(Please Print & Fully Complete One Form per Athlete)*

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

Address _____ City _____ Postal Code _____

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

Email Address _____

Primary Contact

Parent/Caregiver _____ Relationship _____

Address _____ City _____ Postal Code _____

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

Email Address _____

(If Primary Contact is a group home, please provide Family/Alternate contact below.)

Alternate Contact _____ Relationship _____

Address _____ City _____ Postal Code _____

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

Email Address _____

(Please check) I would like to receive information on volunteering with Special Olympics Manitoba.

SOM PROGRAMS List Clubs: *(Please use specific club name(s) from the Provincial Program Guides)*

In The School Programs (ITS) _____

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.

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.

ATHLETE SIGNATURE (IF OVER 18) _____ DATE _____

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

PRINT NAME _____ RELATIONSHIP TO ATHLETE _____