



# Registration Form

(Please complete both sides.)



Participant: \_\_\_\_\_  
Last Name First Name

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Reservation: \_\_\_\_\_ Parent serving in Military?  Yes  No

Gender:  Male  Female Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
Last Name First Name

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

What is your relationship to the child you are registering?  
 Parent/Guardian  Sibling  Other Family Member  Other (please specify): \_\_\_\_\_

Allergies / Medical Alerts: \_\_\_\_\_

Child's T-shirt size:  Extra Small 2/4  Small 6/8  Medium 10/12  Large 14/16  Extra Large 18/20

The following questions are OPTIONAL and will not have any effect on participation in the Special Olympics Arizona Young Athletes Program. Your answers will assist us with reaching other families, tracking the program and applying for grants.

Race:  American Indian or Alaska Native  Asian  Black or African American  
 Hispanic/Latin American  White/Non-Hispanic  Native Hawaiian or Other Pacific Islander

Insurance Type:  Private  Public  Uninsured

Insurance Company(s): \_\_\_\_\_

Child's diagnosis:  None (Peer Model or General Education Student Partner)  
 Autism Spectrum  Down syndrome  Developmental Delay  Intellectual Disability  
 Other: \_\_\_\_\_

Form(s) of communication used by child:  
 Speech  Sign Language  Picture Exchange  Augmentive Device  Gesture  Other

Child's Primary Language: \_\_\_\_\_

**RELEASE TO BE COMPLETED BY PARENT OR GUARDIAN OF MINOR PARTICIPANT**

I am the parent/guardian of \_\_\_\_\_ (participant’s name), the minor child, on whose behalf I have submitted the application for participation in Special Olympics Arizona Young Athletes Program. I hereby represent that he/she has my permission to participate in Special Olympics Arizona Young Athletes activities.

In permitting the participant to participate, I am specifically granting my permission, (both during and anytime after), to Special Olympics Arizona to use the Participant’s likeness, name, voice and words in television, radio, film, newspapers, magazines and other media, and in any form, for the purpose of advertising or communicating the purposes and activities of Special Olympics Arizona and/or applying for funds to support these purposes and activities.

If a medical emergency should arise during participation in any Special Olympics Young Athletes activities, at a time when I am not personally present so as to be consulted regarding his/her care, I hereby authorize Special Olympics, on my behalf, to take whatever measures are necessary to ensure that he/she is provided with any emergency medical treatment, including hospitalization, which Special Olympics Arizona deems advisable in order to protect his/her health and well-being. In the case of Young Athletes Programs implemented by school personnel during school hours, the school's emergency medical treatment policy and permissions will take precedence.

I am the parent/guardian of the child named in this application. 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 behalf of the child/participant named above.

I hereby give my permission for child/participant named above to participate in Special Olympics Arizona Young Athletes physical activity programs.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**THIS FORM IS VALID FOR ONE YEAR**

To be completed by SOAZ staff or teacher

Delegation Name:	_____
Delegation #:	_____
School:	_____
Teacher:	_____