



## Young Athletes™ Registration Form

The purpose of this form is to identify individuals who will be participating in the Young Athletes Program and provide specific information important to assuring program quality and demonstrating its value.

### About the Participant:

Participant's Name \_\_\_\_\_  
Last First Middle

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

State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Gender: ☐ Male ☐ Female Birth Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Is there anything about your child that you think we should know before he/she participates in this program?  
\_\_\_\_\_  
\_\_\_\_\_

Does the child attend a formal daycare or preschool program? ☐ Yes ☐ No

If yes – Preschool Name: \_\_\_\_\_

Does the participant attend school? ☐ Yes (What grade/year: \_\_\_\_\_)  
☐ No

If yes – School Name: \_\_\_\_\_

### About the Parent(s)/Guardian(s) of the above Participant:

Parent(s)/Guardian(s) Name: \_\_\_\_\_  
Last First Middle

Address (If different from Participant) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email: \_\_\_\_\_

What is your relationship to the Participant you are registering?

☐ Parent/Guardian ☐ Sibling ☐ Other family member ☐ OTHER (please specify): \_\_\_\_\_

Please remember to sign and date the separate Release Form.

Please return to: Special Olympics Connecticut, Inc.  
Attn: Young Athletes Program  
c/o CAS/CIAC  
30 Realty Drive  
Cheshire, CT 06410



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### Young Athletes Release Form – SUMMARY

#### 1) PARAGRAPH ONE:

▪Parent or guardian of a minor athlete gives permission for said minor to participate in Special Olympics

#### 2) PARAGRAPH TWO:

▪ Notification of the right to use athlete's likeness, voice or words for the purpose of Special Olympics publicity, and acknowledgement that data from the program will be used for program evaluation and improvement

#### 3) PARAGRAPH THREE:

▪Authorization for Special Olympics to provide athlete with medical treatment in case of a medical emergency.

▪Instructions for those with Religious Objections for emergency medical treatment:

Cross out Paragraph 5, initial the document and complete a separate Religious Objections Form

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### Young Athletes Release Form

#### TO BE COMPLETED BY PARENT OR GUARDIAN OF MINOR ATHLETE

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, name, 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. **(IF YOU HAVE RELIGIOUS OBJECTIONS TO RECEIVING SUCH MEDICAL TREATMENT, PLEASE CROSS OUT THIS PARAGRAPH, INITIAL IT AND COMPLETE, SIGN, DATE AND ATTACH THE SEPARATE RELIGIOUS OBJECTIONS FORM)**

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

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