UNIFIED PARTNER REGISTRATION

Special Olympics

Special Olympics State Program: _____

Registration Type (mark one or both): ☐ **Volunteer** ☐ **Unified Partner**

Are you a new or Re-Registering? ☐ **New** ☐ **Re-Registering**

VOLUNTEER / UNIFIED PARTNER INFORMATION		
First Name:	**Last Name:**	
Date of Birth (mm/dd/yyyy):	☐ **Female** ☐ **Male**	
Address:		
City:	**State**:	**Postal Code**:
Phone:	**E-mail**:	
Sports/Activities:		

Race/Ethnicity (Optional):

☐ American Indian/Alaskan Native ☐ Asian ☐ Two or More Races
☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander
☐ White ☐ Hispanic or Latino (specific origin group:_____)

Language(s) (Optional): Mark all that apply

☐ English ☐ Spanish ☐ Other (please list):

PARENT / GUARDIAN INFORMATION (required if minor or otherwise has a legal guardian)		
Name:	**Relationship:**	
☐ **Same a contact information above**		
Address:		
City:	**State**:	**Postal Code**:
Phone:	**E-mail**:	

EMERGENCY CONTACT INFORMATION		☐ **Same as Parent/Guardian**
Name:	**Relationship:**	**Phone:**

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BACKGROUND INFORMATION (only required for participants 16 years and older)	
Do you use illegal drugs?	☐Yes ☐No
Have you ever been convicted of a criminal offense?	☐Yes ☐No
Have you ever been charged with and/or convicted of neglect, abuse or assault?	☐Yes ☐No
Has your driver's license ever been suspended or revoked in any jurisdiction?	☐Yes ☐No

If you answered "yes" to any of the questions, please provide details: