

CLASS A VOLUNTEER & UNIFIED PARTNER REGISTRATION

Special Olympics



Local Special Olympics 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):		<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other Gender Identity	
Address:			
City:		State:	Zip Code:
Phone:		E-mail:	
Sports/Activities:			
Race/Ethnicity (Optional):			
<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian American <input type="checkbox"/> Prefer not to answer		<input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> More than one race	
<input type="checkbox"/> White or Caucasian <input type="checkbox"/> Hispanic or Latinx			
Language(s) (Optional): Mark all that apply			
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (please list):			

PARENT / GUARDIAN INFORMATION (required if minor or otherwise has a legal guardian)

Name:		Relationship:	
<input type="checkbox"/> Same a contact information above			
Address:			
City:		State:	Zip 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a criminal offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been charged with and/or convicted of neglect, abuse or assault?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your driver's license ever been suspended or revoked in any jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "yes" to any of the questions, please provide details:	

CLASS A VOLUNTEER & UNIFIED PARTNER REGISTRATION



I agree to the following:

1. **Ability to Participate.** I am physically able to take part in Special Olympics activities.
2. **Likeness Release.** I give permission to Special Olympics, Inc., Special Olympics games/local organizing committees, and Special Olympics accredited Programs (collectively “Special Olympics”) and Special Olympics partners and sponsors to use my likeness, photo, video, name, voice, words, and biographical information to promote Special Olympics, raise funds for Special Olympics, and acknowledge partners’ and sponsors’ support for Special Olympics.
3. **Risk of Concussion and Other Injury.** I know there is a risk of injury. I understand the risk of continuing to participate with or after a concussion or other injury. I may have to get medical care if I have a suspected concussion or other injury. I also may have to wait 7 days or more and get permission from a doctor before I start playing sports again.
4. **Emergency Care.** If I am unable, or my guardian is unavailable, to consent or make medical decisions in an emergency, I authorize Special Olympics to seek medical care on my behalf.
5. **Overnight Stay.** For some events, I may stay in a hotel or someone’s home. If I have questions, I will ask.
6. **Health Programs.** If I take part in a health program as a participant, I consent to health activities, screenings, and treatment. This should not replace regular health care. I can say no to treatment or anything else at any time.
7. **Personal Information.** I understand that Special Olympics will be collecting my personal information as part of my participation, including my name, image, address, telephone number, health information, and other personally identifying and health related information I provide to Special Olympics (“personal information”).
 - I agree and consent to Special Olympics:
 - using my personal information in order to: make sure I am eligible and can participate safely; run trainings and events; share competition results (including on the Web and in news media); provide health treatment if I participate in a health program; analyze data for the purposes of improving programming and identifying and responding to the needs of Special Olympics participants; perform computer operations, quality assurance, testing, and other related activities; and provide event-related services.
 - using my contact information for communicating with me about Special Olympics.
 - sharing my personal information confidentially with (i) researchers, such as universities and public health agencies, that are studying intellectual disabilities and the impact of Special Olympics activities, (ii) medical professionals in an emergency, and (iii) government authorities for the purpose of assisting me with any visas required for international travel to Special Olympics events and for any other purpose necessary to protect public safety, respond to government requests, and report information as required by law.
 - I have the right to ask to see my personal information or to be informed about the personal information that is processed about me. I have the right to ask to correct and delete my personal information, and to restrict the processing of my personal information if it is inconsistent with this consent.
 - *Privacy Policy.* Personal information may be used and shared consistent with this form and as further explained in the Special Olympics privacy policy at www.SpecialOlympics.org/Privacy-Policy.
8. **Background Check Authorization. [APPLIES TO ADULTS ONLY]** I authorize Special Olympics to conduct a background check on me. This background check may be done through a third party. The background check may include an inquiry into my employment, education, driving, and/or criminal history. I understand that Special Olympics may rely on information provided or discovered to determine whether I may participate in Special Olympics activities. By signing below, I authorize investigators to conduct a background check as described in this form. I further authorize any third parties or agencies who may be in possession of the requested information, to disclose such information in connection with this background check.
9. **Waiver and Liability Release.** I understand the risks involved with participation in Special Olympics activities. I fully accept and assume all risks and all responsibility for losses, costs, and damages I may incur as a result of my participation. I release and agree not to sue any Special Olympics organization, its directors, agents, volunteers, and employees, and other participants (“Releasees”) related to any liabilities, claims, or losses on my account caused or alleged to be caused in whole or in part by the Releasees. I further agree that if, despite this release, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify and hold harmless each of the Releasees from any such liabilities, claims, or losses as the result of such claim. I agree that if any part of this form is held to be invalid, the other parts shall continue in full force and effect.

Name:	
VOLUNTEER / UNIFIED PARTNER SIGNATURE (required for adult with capacity to sign legal documents)	
I have read and understand this form. If I have questions, I will ask. By signing, I agree to this form.	
Volunteer/Unified Partner Signature:	Date:
PARENT / GUARDIAN SIGNATURE (required for participant who is a minor or lacks capacity to sign legal documents)	
I am a parent or guardian of the participant. I have read and understand this form and have explained the contents to the participant as appropriate. By signing, I agree to this form on my own behalf and on behalf of the participant.	
Parent / Guardian Signature:	Date:
Printed Name:	Relationship:



Special Olympics Nebraska

Coaches Code of Conduct

I understand I am a representative of Special Olympics, both on and off the field, and my actions should uphold the highest standards. As a coach with Special Olympics Nebraska I agree to abide by the Special Olympics Coaches Code of Conduct as stated below:

Respect for Others

- ✓ I will respect the rights, dignity and worth of athletes, coaches, volunteers, friends and spectators in Special Olympics.
- ✓ I will treat everyone equally regardless of sex, ethnic origin, religion or ability.
- ✓ I will be a positive role model for the athletes I coach.

Ensure a Positive Experience

- ✓ I will ensure that for each athlete I coach, the time spent with Special Olympics is a positive experience.
- ✓ I will respect the talent, developmental stage and goals of each athlete.
- ✓ I will ensure each athlete competes in events that challenge that athlete's potential and are appropriate to that athlete's ability.
- ✓ I will be fair, considerate and honest with athletes and communicate with athletes using simple, clear language.
- ✓ I will ensure that accurate scores are provided for entry of an athlete into any event.
- ✓ I will instruct each athlete to perform to the best of the athlete's ability at all preliminary competition and finals competition in accordance with the Official Special Olympics Sports Rules.
- ✓ I will encourage athletes to embrace a fit and healthy lifestyle.

Act Professionally and Take Responsibility for My Actions

- ✓ My language, manner, punctuality, preparation and presentation will demonstrate high standards.
- ✓ I will display control, respect, dignity and professionalism to all involved in the sport (athletes, coaches, opponents, officials, administrators, parents, spectators, media, etc.).
- ✓ I will encourage athletes to demonstrate the same qualities.
- ✓ I will not drink alcohol, smoke or take illegal drugs while representing Special Olympics at training sessions or during competition.
- ✓ I will refrain from any form of personal abuse towards athletes and others, including verbal, physical and emotional abuse. This includes personal abuse via social media (ie: texting, tweeting, email, and facebook).
- ✓ I will be alert to any form of abuse from other sources directed toward athletes in my care.
- ✓ I will abide by the Special Olympics policy on the prohibition of coaches dating athletes.

Quality Service to the Athletes

- ✓ I will seek continual improvement through performance evaluation and ongoing coach education.
- ✓ I will be knowledgeable about the Sports Rules and skills of the sport(s) I coach.
- ✓ I will provide a plan for a regular training program.
- ✓ I will keep copies of the medical, training and competition records for each athlete I coach.
- ✓ I will follow the Special Olympics, International Federation, National Federation/Governing Body rules for my sport(s).

Health and Safety of Athletes

- ✓ I will ensure that the equipment and facilities are safe to use.
- ✓ I will ensure that the equipment, rules, training and environment are appropriate for the age and ability of the athletes.
- ✓ I will review each athlete's medical form and be aware of any limitations on that athlete's participation noted on that form.
- ✓ I will encourage athletes to seek medical advice when required.
- ✓ I will maintain the same interest and support toward sick and injured athletes.
- ✓ I will allow further participation in training and competition only when appropriate.

If the behaviors, attitudes, or actions of any coach or other participant of the member organization be contrary to these principles or to the goals and mission of Special Olympics Nebraska, then one or more of the following steps may be taken by the Program Committee, Sports Officials, and/or by SONE in an effort to alleviate the situation without further affecting the athletes of SONE:

The coach will be notified of the undesirable behavior or action and requested to remedy the situation for continued participation.

The coach will be requested to withdraw, personally or as an organization, from the remainder of the event and/or game/match.

If a team is found using an ineligible or illegal player, the team will forfeit all games in which the athlete played and will also forfeit any awards that were received, and the team will not advance to the next level of competition.

In the event of extreme or repeated behavior or actions, Special Olympics Nebraska may:

Suspend the coach or organization from participating in any or all SONE activity pending further investigation into the alleged behavior or action.

Suspend the coach or organization from participating in SONE activity for a specified period of time to be determined by the President/CEO of SONE or designee and/or the Program Committee.

Ban the coach or organization from participating in SONE activity indefinitely.

If a coach is suspended or their coaching status has been revoked by SONE, then all sport certifications will be revoked, and the individual must re-certify those sports records. The coach must submit a letter to the Vice President of Program explaining why they should be reinstated as a coach. If approval is granted for reinstatement, the individual will be required to submit a new Category A volunteer form, complete a new background check, and complete the Protective Behaviors training. Sports re-certification cannot occur until after they have been reinstated as a coach.

I understand that if I violate this Code of Conduct I will be subject to a range of consequences, up to and including being prohibited from coaching in Special Olympics.

Signature: _____ Printed Name: _____

Team/Delegation: _____ Date ____/____/____