

# Athlete Registration Renewal Form

Required annually for all athletes participating in Special Olympics.

**Special Olympics**



Local Special Olympics Program: \_\_\_\_\_

**Athlete Information** - To be completed by the athlete or parent/guardian/caregiver.

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Middle name: \_\_\_\_\_

Date of birth (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Female Male Prefer not to answer

Home address: \_\_\_\_\_ Country: \_\_\_\_\_

Phone number: \_\_\_\_\_ Mobile Landline

**Have there been any changes to your health history in the past year? Yes No**

*If yes, please complete the health history section. If no, please complete the signature section.*

**Health History**

Health and/or mobility aids the athlete possesses and may use during Special Olympics participation.	CPAP	Eyeglasses/Contacts/Protective Eyewear	Implantable Device for Seizure
	Prosthetics	Hearing Aid/Communication Device	Wheelchair/Walker/Leg Braces
	Dentures	Pacemaker/Implanted Defibrillator	VP Shunt
	None	Other: _____	

List any allergies and/or dietary requirements:

**General Health Questions:**

Do you have a heart condition?	Yes	No	Do you have asthma?	Yes	No
Have you ever had a head injury or concussion?	Yes	No	Do you have diabetes?	Yes	No
If yes, number of head injury/concussion(s): _____			Do you have a vision impairment?	Yes	No
Date of most recent head injury/concussion: _____			Do you have a hearing impairment?	Yes	No
Do you have a bleeding disorder?	Yes	No	Do you have sickle cell disease?	Yes	No
Do you have epilepsy or any type of seizure disorder?				Yes	No
Do you have behavioral, mental health, and/or sensory conditions that could impact your/other's participation?				Yes	No

**If yes to any of the above general health questions, please provide additional details:**

**Medication and Treatment**

Have there been any changes to your prescriptions, over-the-counter medications, or treatments? Yes No

If yes, please list below:

Medication, Vitamin, or Supplement Name	Dosage	Times per day	Medication, Vitamin, or Supplement Name	Dosage	Times per day

Do you have severe allergies that requires the use of an EpiPen? Yes No

If yes, please specify if it is to any of the following:

Insect stings Medication/drugs Food Latex Other (please specify): \_\_\_\_\_

**I certify the information provided on this form is true and correct to the best of my knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Is this form being completed by someone other than the athlete? Yes No

If yes, please select the relationship to athlete:

Parent/Guardian Caregiver/Other Family Member Healthcare Provider Other: \_\_\_\_\_



**Special Olympics**

*Nebraska*

**Athlete Code of Conduct**

Special Olympics is committed to the highest standards of Sportsmanship, Training, Rules of Competition, and Character. I understand I am a representative of Special Olympics, both on and off the field, and my actions should uphold these standards. As an athlete participating in Special Olympics or as a Unified Partner, I agree to abide by the Special Olympics Athlete Code of Conduct as stated below:

**Sportsmanship**

- ✓ I will practice good sportsmanship.
- ✓ I will act in ways that bring respect to me, my coaches, my team and to Special Olympics.
- ✓ I will not swear and/or use bad language.
- ✓ I will not insult others by my actions, verbal or non-verbal.
- ✓ I will not fight with others athletes, coaches, volunteers or staff of Special Olympics Nebraska.

**Training and Competition**

- ✓ I will train regularly and follow guidelines set-forth on current training requirements.
- ✓ I will learn and follow rules of sports I participate in.
- ✓ I will listen to my coaches and officials.
- ✓ I will consistently do my best in training, attendance and in competitions.
- ✓ I will consistently compete at the best of my ability and not hold back during preliminary or 'divisioning.'

**Character**

I will not make inappropriate or unwanted physical, verbal or sexual advances on others, including using social media (ie: Texting, Tweeting, Facebook).

- ✓ I will not make any negative statements about athletes, coaches, volunteers or Special Olympics., which includes social media such as Facebook, Twitter, My Space, texting. etc.
- ✓ I will not smoke in non-smoking areas.
- ✓ I will not use illegal drugs.
- ✓ I will not drink alcohol underage nor when involved in Special Olympics activities.
- ✓ I will not take or use drugs for the purpose of improving my performance.
- ✓ I will obey all laws and Special Olympics rules, as well as the National and International Federations/Governing Rules for my sport(s).

I understand that if I do not obey this Special Olympics 'Code of Conduct,' I will be subject to a range of consequences by my Team, Region, or Special Olympics Nebraska, up to and including not being allowed to participate in any sports or activities.

Athlete Name: \_\_\_\_\_

Team/ Delegation: \_\_\_\_\_

Athlete or Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I authorize my electronic signature.