ATHLETE REGISTRATION FORM (2025 / 2026)

Special Olympics British Columbia

SOBC Local*: _____ ☐ Returning Athlete ☐ New Athlete

*Local is the community you wish to participate in

ATHLETE INFORMATION

First Name:	Last Name:
Date of Birth (mm/dd/yyyy):	Gender:
Personal Email Address:	
Home Phone:	Cell Phone:

TERMS AND CONDITIONS

The Special Olympics Terms and Conditions are basic rules for participation in Special Olympics. The full wording of the Terms and Conditions can be found here:
https://www.specialolympics.ca/british-columbia/terms-and-conditions-participation
Athletes/volunteers must agree to the Terms and Conditions to participate in Special Olympics.
By signing below you agree to the Special Olympics Terms and Conditions on behalf of yourself or your child/ward.

Part 1: Criminal Record
Has the person who is being registered or enrolled ever been charged with or convicted of any criminal offence?
☐ Yes ☐ No

Part 2: Media Release Opt-in / Opt-out:
I allow Special Olympics to use my/their picture, words or voice in promotional media
☐ Yes ☐ No

Part 3:
I agree to the Special Olympics Terms and Conditions and attest that my answers on the media release opt-in/opt-out and criminal record are true
☐ Yes

PRIMARY/ HOME ADDRESS

Street Address:		City:
Province:	Country:	Postal Code:

Athlete Living Situation: ☐ Parent / Guardian ☐ Caregiver ☐ Group Home ☐ Independent

MEDICAL INFORMATION

Health Card #:	Physician's Name:	Physician Phone:

Does Athlete Take Any Medication? ☐ Yes ☐ No (If yes, please provide Medication Details and Dosage)
(Please provide medication details in CAPITAL LETTERS or attach a printed copy)

Medication Self Administered: ☐ Yes ☐ No

Seizures: ☐ Yes ☐ No (If yes, please seizure type, frequency, and treatment plan)

Allergies: ☐ Yes ☐ No (If yes, please provide Allergy Details, such as foods, drugs, or other)

Allergy Treatment: (ie. does the athlete carry an epi-pen or medication in the event of anaphylaxis?):

Down Syndrome: ☐ Yes ☐ No	AAXray Date:	AAXray Result: ☐ Positive ☐ Negative

Medical Conditions:

☐ Arthritis ☐ Asthma ☐ Depression ☐ Epilepsy ☐ High Blood Pressure

☐ Diabetes (If yes, please indicate treatment plan in Other Medical Notes below)

☐ Other (If yes, please indicate details and treatment plan in Other Medical Notes below)

Any additional medical or behavioral information that may help us support the athlete at their best:

Health Devices: (ie. Hearing aids, glasses, contacts…etc)	Dietary Requirements: (ie. Gluten-free, lactose-free…etc)

EMERGENCY CONTACT INFORMATION

The Primary Contact will be the first person called in case of an emergency
The Secondary Contact will be the second person called or if Primary Contact cannot be reached

Primary Contact Name:	
Relationship to Athlete: ☐ Parent/ Guardian ☐ Spouse ☐ Friend ☐ Relative	
Primary Phone:	Cell Phone:
Secondary Contact Name:	
Relationship to Athlete: ☐ Parent/ Guardian ☐ Spouse ☐ Friend ☐ Relative	
Primary Phone:	Cell Phone:

PARENT / GUARDIAN INFORMATION (only required if athlete is under 19 years of age or has a legal guardian)

Name:	Relationship to Athlete:

☐ Same Contact Info as Athlete (please list anything different below)

Street Address:		City:
Province:	Country:	Postal Code:

SPORTS PROGRAMS (indicate sports athlete would like to register for – sports offered will vary by Local)

Winter:	Summer:	Other Programs:
☐ 5-Pin Bowling	☐ 10-Pin Bowling	☐ Active Start (ages 2-6)
☐ Alpine Skiing	☐ Bocce	☐ FUNdamentals (ages 7-11)
☐ Cross Country Skiing	☐ Basketball	☐ Club Fit (Fitness)
☐ Curling	☐ Golf	☐ Athlete Leadership Program
☐ Figure Skating	☐ Powerlifting	
☐ Floor Ball	☐ Rhythmic Gymnastics	
☐ Snow Shoeing	☐ Soccer	
☐ Speed Skating	☐ Softball	
	☐ Swimming	
	☐ Track & Field	

By filling in my name below, I acknowledge that the information provided on this form is correct to the best of my knowledge and I will update this information should it change

ATHLETE SIGNATURE (if 19+ years of age)

Athlete Signature:	Date:

PARENT/GUARDIAN SIGNATURE (required if athlete is under 19 years of age or requires a legal guardian to sign legal documents on their behalf)

Parent/Guardian Signature:	Date:
Print Name:	Email: