



Athlete Registration Form

Does the applicant have an Intellectual Disability		YES <input type="checkbox"/>		NO <input type="checkbox"/>		
Athlete Title	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/>	Email Address				
First Name		Middle Name/Initial		Last Name		
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth	Month	Day	
Home Address	Street Name and No.		Apt. No. or R.R. No.			
	City		Province	Postal Code		
Emergency Contact	Name		Relationship			
	Home Phone No.		Work Phone No.			
	Cell Phone No.		Email Address			
Program Selection						
SONS Regions	<input type="checkbox"/> Halifax	<input type="checkbox"/> Dartmouth	<input type="checkbox"/> Sackville / Bedford	<input type="checkbox"/> Kings		
	<input type="checkbox"/> Digby	<input type="checkbox"/> Clare	<input type="checkbox"/> Annapolis	<input type="checkbox"/> Yarmouth		
	<input type="checkbox"/> Shelburne	<input type="checkbox"/> Lunenburg Queens	<input type="checkbox"/> Cobequid	<input type="checkbox"/> Amherst		
	<input type="checkbox"/> Pictou	<input type="checkbox"/> Eastern Highlands	<input type="checkbox"/> Cape Breton			
*ONLY check the REGION wish to participate in.						
Youth Programs	<input type="checkbox"/> Active Start (2-6 years) <input type="checkbox"/> FUNdamentals (7-12 years)					
* Athletes who are ONLY enrolled in youth programs do not need to make sport program selections.						
Sport Programs (13+ yrs.)	<input type="checkbox"/> 5-Pin Bowling	<input type="checkbox"/> Speed Skating	<input type="checkbox"/> Swimming	<input type="checkbox"/> Athletics		
	<input type="checkbox"/> Basketball	<input type="checkbox"/> Bocce	<input type="checkbox"/> Cross Country Skiing	<input type="checkbox"/> Curling		
	<input type="checkbox"/> Figure Skating	<input type="checkbox"/> Floor Hockey	<input type="checkbox"/> Golf	<input type="checkbox"/> Powerlifting		
	<input type="checkbox"/> Rhythmic Gymnastics	<input type="checkbox"/> Soccer	<input type="checkbox"/> Softball	<input type="checkbox"/> Snowshoeing		
*ONLY check the sports you wish to participate in.						
Living Situation	<input type="checkbox"/> With Parents	<input type="checkbox"/> With Family—Not Parents		<input type="checkbox"/> Foster Parent/Caregiver/Guardian		
	<input type="checkbox"/> Independent	<input type="checkbox"/> Institution		<input type="checkbox"/> Supported Independent Living		
	<input type="checkbox"/> Prefer Not to Say	<input type="checkbox"/> Group Home <small>(If YES, please complete the following)</small>		Name of Group Home		
	Group Home Contact	Group Home Phone No.		Group Home Email		
Medical Information	Health Card No.		Issuing Prov.		Expiry Date (MM/YY)	
	Does the athlete have Down Syndrome?		Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(If yes please complete line below)</small>			
	Date of Last Atlanto-Axial Dislocation X-Ray (MM/YY)		Results	Positive <input type="checkbox"/> Negative <input type="checkbox"/>		
	Dietary Restrictions (Please List)					
	Does the athlete have seizures? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, please indicate how these are controlled.			
	Does the athlete have allergies? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, please list.			
Doctors' Name			Doctors' Phone Number			

Medical Information (Continued)	Does the athlete have any medical diagnosis that program leaders or the office should be aware of:		

Medication
Please attach a separate list of current medications. Include medication name (s), dosage, time (s) administered and whether or not they are self-administered. *Note: please notify the office of any changes.

Phone No.	Home	Cell	Primary Language	English <input type="checkbox"/>	French <input type="checkbox"/>
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Does the athlete have a criminal record of any kind, or have they ever been charged with a criminal offence? Yes No
If yes, please indicate the nature of the offence: _____

I HAVE READ THE FOLLOWING DOCUMENTS AND AGREE TO THEIR GUIDELINES:

- 1.) Code of Conduct and Ethics - Pan Canadian Policy
 - 2.) Criminal Offenses and Investigations Policy - Policy 2000-17
- Policies can be found at www.specialolympics.ca/pei/learn/policies-publications

[] I am an athlete (18+); I confirm that the information provided is accurate.

Date: _____ Name: _____ Signature: _____

[] I am a parent or legal guardian of the athlete named on this form and I confirm that the information provided is accurate.

Date: _____ Name: _____ Signature: _____

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