

YOUNG ATHLETES REGISTRATION



SOWV County Program: _____

School/Head Start Name: _____

Are you new to Special Olympics or re-registering? New Re-Registering

YOUNG ATHLETE INFORMATION

First Name: _____ Last Name: _____

Date of Birth: _____ Female Male

Has an Intellectual or Developmental Disability: Yes No

Race/Ethnicity:
 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) Spoken in Young Athlete's Home (Optional): Check all that apply
 English Spanish Other (please list): _____

Shirt Size: Youth Small Youth Medium Youth Large

Requires Wheelchair Accessible Locations

Language Needs:

Medical Conditions:

Special Diet:

Other:

PARENT / GUARDIAN INFORMATION

Name: _____

Relationship: _____

Address: _____ City: _____

State/Province: _____ Postal Code: _____

Phone: _____ E-mail: _____

EMERGENCY CONTACT INFORMATION

Same as Guardian/Parent

Name: _____

Phone: _____ Relationship: _____

YOUNG ATHLETES RELEASE FORM



I am the Parent or Guardian of the Young Athletes participant named below and agree to the following:

1. **Able to Participate.** The Young Athlete is physically able to take part in Special Olympics.
2. **Likeness Release.** I give permission to Special Olympics, Inc., Special Olympics games organizing committees, and Special Olympics accredited Programs (collectively "Special Olympics") to use the Young Athlete's likeness, photo, video, name, voice, and words to promote Special Olympics and raise funds 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. The Young Athlete may have to get medical care if there is a suspected concussion or other injury. The Young Athlete also may have to wait 7 days or more and get permission from a doctor before playing sports again.
4. **Emergency Care.** If a parent or guardian is unavailable to consent or make medical decisions in an emergency, I authorize Special Olympics to seek medical care for the Young Athlete, unless I mark one of these boxes:
 - I have a religious or other objection to receiving medical treatment. (Not common.)
 - I do not consent to blood transfusions. (Not common.)
 (If either box is marked, an EMERGENCY MEDICAL CARE REFUSAL FORM must be completed.)
5. **Health Programs.** If the Young Athlete takes part in a Special Olympics health program, I consent to health activities, exams, and treatment for the Young Athlete. This should not replace regular health care. I can say no to treatment or anything else any time for the Young Athlete.
6. **Personal Information.** I understand that Special Olympics will be collecting the Young Athlete's personal information as part of participation, including name, image, address, telephone number, health information, and other personally identifying and health related information provided to Special Olympics ("personal information").
 - I agree and consent to Special Olympics:
 - using the personal information in order to: confirm eligibility and safe participation; run trainings and events; share competition results (including on the Web and in news media); provide health treatment if the Young Athlete participates 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 the personal information and creating a profile for communications and marketing purposes, including direct digital marketing through email, SMS, social media, and other channels.
 - sharing personal information with (i) researchers, business partners, public health agencies, and other organizations 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 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 understand Special Olympics is a global organization with headquarters in the United States of America. I acknowledge that the personal information may be stored and processed in countries outside my country of residence, including the United States. Such countries may not have the same level of personal data protection as my country of residence, and I agree that the laws of the United States will govern your processing of the personal information as provided in this consent.
 - I have the right to ask to see the personal information or to be informed about the personal information that is processed. I have the right to ask to correct and delete the personal information, and to restrict the processing of personal information if it is inconsistent with this consent.
 - *Sharing of Personal Information.* Personal information may be shared consistent with this form and as further explained in the Special Olympics privacy policy at www.SpecialOlympics.org/Privacy_Policy.aspx.

Young Athlete Name:	
PARENT/GUARDIAN SIGNATURE	
I am a parent or guardian of the Young Athlete. I have read and understand this form. By signing, I agree to this form on my own behalf and on behalf of the Young Athlete.	
Parent/Guardian Signature:	Date:
Printed Name:	Relationship:

COVID-19 Participant Code of Conduct and Risk Assessment Form

Special Olympics
West Virginia



I understand I could get Coronavirus through sports, training, competition and/or any group activity at Special Olympics. I am choosing to participate in sports, competition and/or other Special Olympics activities at my own risk.

During the time these precautions are needed, I agree to the following to help keep me and my fellow participants safe:

- | |
|---|
| <input type="checkbox"/> If I have COVID-19 symptoms, I will stay at home and NOT go to any activities until 7 days after all of my symptoms are over. If I am exposed to COVID-19 and have no symptoms, I can return 14 days after exposure. |
| <input type="checkbox"/> Special Olympics gave me education on Special Olympics rules for COVID-19 and who is at high-risk. |
| <input type="checkbox"/> I know that if I have a high-risk condition, I have more risk that I could get sick or die from COVID-19. If I have a high-risk condition, I <i>cannot</i> go to Special Olympics events in person, until there is little or no Coronavirus in my community. |
| <input type="checkbox"/> I know that before or when I get to a Special Olympics activity, they will ask me some questions about symptoms and exposure to COVID-19. They may also take my temperature. I will answer truthfully and participate fully. |
| <input type="checkbox"/> I will keep at least 6 ft/2m from all participants at all times. |
| <input type="checkbox"/> I will wear a mask at all times while at Special Olympics activities. I may not have to wear it during active exercise. |
| <input type="checkbox"/> I will wash my hands for 20 seconds or use hand sanitizer before any activities. I will wash my hands any time I sneeze, cough, go to the bathroom or get my hands dirty. |
| <input type="checkbox"/> I will avoid touching my face. I will cover my mouth when I cough or sneeze and immediately wash my hands after. |
| <input type="checkbox"/> I will not share drinking bottles or towels with other people. |
| <input type="checkbox"/> I will only share equipment when instructed to. If equipment must be shared, I will only touch the equipment if it is disinfected first. |
| <input type="checkbox"/> If I get or have had COVID, I will not go to any in-person Special Olympics events until 7 days after my symptoms end. I will go to my doctor and get written clearance before returning to any sport or fitness activities. |
| <input type="checkbox"/> I understand that if I do not follow all of these rules, I may not be allowed to participate in Special Olympics activities during this time. |



Who is at higher risk of COVID-19?

COVID-19 is a new disease and information is changing on who is more likely to get COVID-19 and who is will have more complications. Based on currently available information and clinical expertise, people with intellectual and developmental disabilities may be at higher risk of severe illness resulting in death from COVID-19.

Current clinical guidance and information from the U.S. Centers for Disease Control and Prevention (CDC) and World Health Organization (WHO) lists those at high-risk for severe illness from COVID-19 as:

- People 65 years and older. Risk increases with age.
- People who live in a nursing home or licensed long-term care facilities

Regardless of age, individuals with underlying conditions, such as the following, are or maybe at increased risk of severe illness from COVID-19:

- People with chronic lung disease, chronic obstructive pulmonary disease or moderate to severe asthma
- People who have serious heart conditions (including heart failure, coronary artery disease, congenital heart disease, cardiomyopathy, hypertension)
- People who are immunocompromised
 - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
- People with obesity (body mass index [BMI] of 40 or higher). To calculate BMI, refer to:
 - https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/english_bmi_calculator/bmi_calculator.html
- People with diabetes (Type 1 and 2)
- People with chronic kidney disease
- People with liver disease
- People with dementia

The list may change as evidence is learned. Please review the latest list of conditions that put individuals at increased risk available at the [CDC website \(https://bit.ly/2VEJcSK\)](https://bit.ly/2VEJcSK)

If you are at a high risk, you may be putting yourself at risk when you return to activities with Special Olympics. But you may also put your family and your teammates at risk. If you have these conditions, you should not return to Special Olympics in person activities until Phase 3.

If you have been diagnosed with COVID-19, you should consult with a healthcare professional for written medical clearance before returning to Special Olympics in person activities as serious cardiac, respiratory, and neurological issues may develop as a result of COVID-19.

If you have any of these conditions, you cannot return to Special Olympics in-person activities until Phase 3.

**WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION
AGREEMENT FOR COMMUNICABLE DISEASES
("Agreement") for
SPECIAL OLYMPICS**

In consideration of being allowed to participate in any way in Special Olympics sports training, competition or fundraising activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious and/or communicable diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Special Olympics, Inc, Special Olympics West Virginia their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of Participant: _____

Participant Signature: _____

Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent guardian/signature: _____

Date signed: _____