

# SPECIAL OLYMPICS BRITISH COLUMBIA ATHLETE REGISTRATION FORM

<b>DATE</b>		<b>SOBC LOCAL</b>	
<b>FIRST NAME</b>		<b>MIDDLE NAME /INITIAL</b>	<b>LAST NAME</b>
<b>HOME ADDRESS AND CONTACT INFORMATION</b>	<i>Street Name &amp; No.</i>		
	<i>City</i>	<i>Province</i>	<i>Postal Code</i>
	<i>Home Phone #</i>	<i>Home Fax #</i>	
	<i>E-mail address</i>	<i>Cell Phone #</i>	
	<i>Mailing Address, if different from above, i.e., Box Number, RR Number</i>		
	<i>City</i>	<i>Province</i>	<i>Postal Code</i>
<b>PRIMARY EMERGENCY CONTACT</b>	<i>Name</i>	<i>Relationship</i>	
	<i>Day Phone #</i>	<i>Evening Phone #</i>	
<b>ALTERNATE EMERGENCY CONTACT</b>	<i>Name</i>	<i>Relationship</i>	
	<i>Day Phone #</i>	<i>Evening Phone #</i>	
<b>GENDER</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>FIRST NATIONS</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<b>DATE OF BIRTH</b>	<i>Month   Day   Year</i>
<b>CARE CARD #</b>			
<b>CRIMINAL RECORD</b>	<b>Do you have a criminal record of any kind, or have you ever been charged with a criminal offence?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please indicate the nature of the offence:</b> _____		
<b>PARENT/ GUARDIAN INFORMATION</b>	<i>First Name</i>	<i>Last Name</i>	
	<i>Address (if different from the athlete)</i>		
	<i>City</i>	<i>Province</i>	<i>Postal Code</i>
	<i>Day Phone #</i>	<i>Evening Phone #</i>	<i>E-mail address</i>
<b>LIVING SITUATION</b>	<input type="checkbox"/> Parental <input type="checkbox"/> Non-parental Family <input type="checkbox"/> Foster Parents/Caregiver/Guardian <input type="checkbox"/> Independent <input type="checkbox"/> Group Home <input type="checkbox"/> Supported Independent Living <input type="checkbox"/> Prefer not to say		
	<i>Name of Group Home</i>	<i>Group Home Phone #</i>	
	<i>Name of Support Worker</i>	<i>Support Worker Phone #</i>	
<b>SEE REVERSE SIDE</b>			

