

# ATHLETE REGISTRATION FORM (2025 / 2026)

SOBC Local\*:        3B Coquitlam       

Returning Athlete     New Athlete

\*Local is the community you wish to participate in

## ATHLETE INFORMATION

First Name:	Last Name:
Date of Birth (yyyy/mm/dd):	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:
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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: <input type="checkbox"/> Yes <input type="checkbox"/> No	AAXray Date:	AAXray Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative
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**Medical Conditions:**  
 Arthritis  Asthma  Depression  Epilepsy  High Blood Pressure  
 Diabetes (If yes, please indicate treatment plan in Other Medical Notes below)  
 Other ( \_\_\_\_\_ )

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)
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**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:
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Secondary Contact Name:

Relationship to Athlete:  Parent/ Guardian  Spouse  Friend  Relative

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

Name:	Relationship to Athlete:
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Same Contact Info as Athlete (please list anything different below)

Street Address:	City:
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Province:	Country:	Postal Code:
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**SPORTS PROGRAMS (indicate sports athlete would like to register for – sports offered will vary by Local)**

<input type="checkbox"/> 5-Pin Bowling (Tuesday) <input type="checkbox"/> 5-Pin Bowling (Saturday) <input type="checkbox"/> 10-Pin Bowling <input type="checkbox"/> Alpine Skiing <input type="checkbox"/> Basketball <input type="checkbox"/> Bocce <input type="checkbox"/> Curling	<input type="checkbox"/> Floor Ball <input type="checkbox"/> Golf <input type="checkbox"/> Rhythmic Gymnastics <input type="checkbox"/> Soccer <input type="checkbox"/> Softball <input type="checkbox"/> Fit Families & Friends <input type="checkbox"/> Learn to Swim <input type="checkbox"/> Learn to Skate	<input type="checkbox"/> Snowshoeing <input type="checkbox"/> Speed Skating <input type="checkbox"/> Swimming <input type="checkbox"/> Track & Field <input type="checkbox"/> Active Start (ages 2-6) <input type="checkbox"/> FUNdamentals (ages 7-11) <input type="checkbox"/> Club Fit (Fitness) <input type="checkbox"/> Athletic Club
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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:
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**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:
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Print Name:	Email:
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