

**ATHLETE REGISTRATION FORM**Special Olympics  
South DakotaState Special Olympics Program: Special Olympics South DakotaAre you a new athlete to Special Olympics or Re-Registering?  New Athlete  Re-Registering

<b>ATHLETE INFORMATION</b>		
<b>First Name:</b>	<b>Middle Name:</b>	
<b>Last Name:</b>	<b>Preferred Name:</b>	
<b>Date of Birth (mm/dd/yyyy):</b>	<input type="checkbox"/> Female	<input type="checkbox"/> Male
<b>Race/Ethnicity (Optional):</b>		
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Two or More Races
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic or Latino (specific origin group: _____)	
<b>Language(s) Spoken in Athlete's Home (Optional):</b> Check all that apply		
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (please List):		
<b>Street Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Postal Code:</b>
<b>Phone:</b>	<b>E-mail:</b>	
<b>Sports/Activities:</b>		
<b>Athlete Employer, if any (Optional):</b>		
Does the athlete have the capacity to consent to medical treatment on his or her own behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>PARENT / GUARDIAN INFORMATION (required if minor or otherwise has a legal guardian)</b>		
<b>Name:</b>		
<b>Relationship:</b>		
<input type="checkbox"/> Same Contact Info as Athlete		
<b>Street Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Postal Code:</b>
<b>Phone:</b>	<b>E-mail:</b>	
<b>EMERGENCY CONTACT INFORMATION</b>		
<input type="checkbox"/> Same as Parent/Guardian		
<b>Name:</b>		
<b>Phone:</b>	<b>Relationship:</b>	
<b>PHYSICIAN &amp; INSURANCE INFORMATION</b>		
<b>Physician Name:</b>		
<b>Physician Phone:</b>		
<b>Insurance Company:</b>	<b>Insurance Policy Number:</b>	
<b>Insurance Group Number:</b>		

# ATHLETE RELEASE FORM

FORM B



I agree to the following:

**Ability to Participate.** I am physically able to take part in Special Olympics activities.

**Likeness Release.** I give permission to Special Olympics, Inc., Special Olympics games organizing committees, and Special Olympics accredited Programs (collectively "Special Olympics") to use my likeness, photo, video, name, voice, and words to promote Special Olympics and raise funds for Special Olympics.

**Risk of Concussion and Other Injury.** I know there is a risk of injury. I understand the risk of continuing to play sports with or after a concussion or other injury. I may have to get medical care if I have a suspected concussion or other injury. I also may have to wait 7 days or more and get permission from a doctor before I start playing sports again.

**Emergency Care.** If I am unable, or my guardian is unavailable, to consent or make medical decisions in an emergency, I authorize Special Olympics to seek medical care on my behalf, 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.)

**Overnight Stay.** For some events, I may stay in a hotel or someone's home. If I have questions, I will ask.

**Health Programs.** If I take part in a health program, I consent to health activities, screenings, and treatment. This should not replace regular health care. I can say no to treatment or anything else at any time.

**Personal Information.** I understand that Special Olympics will be collecting my personal information as part of my participation, including my name, image, address, telephone number, health information, and other personally identifying and health related information I provide to Special Olympics ("personal information").

- I agree and consent to Special Olympics:
  - using my personal information in order to: make sure I am eligible and can participate safely; run trainings and events; share competition results (including on the Web and in news media); provide health treatment if I participate 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 my personal information and creating a profile of me for communications and marketing purposes, including direct digital marketing through email, SMS, social media, and other channels.
  - sharing my 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 me 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 my 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 my personal information as provided in this consent.
- I have the right to ask to see my personal information or to be informed about the personal information that is processed about me. I have the right to ask to correct and delete my personal information, and to restrict the processing of my 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](http://www.SpecialOlympics.org/Privacy_Policy.aspx).

Special Olympics relies on sponsors and partners to help support our mission. We often use photos, videos and stories of our athletes to show the impact of support by companies that sponsor Special Olympics. If you wish to allow your likeness to be used in this way, please read and sign below. I agree to the following:

- I give permission to Special Olympics, Inc., Special Olympics games organizing committees, and Special Olympics accredited Programs (collectively "Special Olympics") and their sponsors and partners to use my likeness, photo, video, name, voice, and words ("my likeness") to acknowledge the sponsors' and partners' support for Special Olympics.
- Special Olympics and its sponsors and partners will not use my Likeness to endorse commercial products or services.
- I understand I will not be compensated for the use of my Likeness.

<b>Athlete Name:</b>	<b>E-mail:</b>
<b>ATHLETE SIGNATURE (required for adult athlete with capacity to sign legal documents)</b>	
I have read and understand this form. If I have questions, I will ask. By signing, I agree to this form.	
<b>Athlete Signature:</b>	<b>Date:</b>
<b>PARENT/GUARDIAN SIGNATURE (required for athlete who is a minor or lacks capacity to sign legal documents)</b>	
I am a parent or guardian of the athlete. I have read and understand this form and have explained the contents to the athlete as appropriate. By signing, I agree to this form on my own behalf and on behalf of the athlete.	
<b>Parent/Guardian Signature:</b>	<b>Date:</b>
<b>Printed Name:</b>	<b>Relationship:</b>

# COMMUNITY REINVESTMENT ACT INCOME CERTIFICATION INFORMATION



The Community Reinvestment Act holds financial institutions accountable to help meet the needs of their communities, including low- and moderate-income communities, through loans, investments and services. One of the ways financial institutions can meet these needs is through donations and volunteerism to agencies that provide services to low- and moderate-income individuals.

The information below is being requested so that Special Olympics South Dakota can qualify as a CRA eligible recipient of donations and volunteer services. By providing this information, Special Olympics South Dakota can qualify for additional funding sources.

Special Olympics South Dakota will treat the information you provide as confidential. The summary of information that is provided to financial institutions by Special Olympics South Dakota will not disclose the details you furnish below.

Do you currently utilize or qualify for any of the following services?

- Yes  No Medicaid
- Yes  No Rental Assistance (State or Federal Rental Assistance Program)
- Yes  No Food Stamps
- Yes  No Free or Reduced Lunch Program

If you answered YES to **any** of the questions above, you DO NOT need to provide the information requested below.

Is your annual household Income less than \$49,360?\*  YES  NO (if participant is a dependent, use the parent or guardian's income)

\***Annual Household Income** includes pre-tax income from all household members for employment, self-employment, child support, Social Security, BIA General Assistance. Subtract \$50 per month of child support received and all child support paid.

Number of people in your household: \_\_\_\_\_

Athlete Name: \_\_\_\_\_

Date: \_\_\_\_\_







**Athlete Medical Form – MEDICAL REFERRAL FORM**  
(To be completed by a Licensed Medical Professional only if referral is needed)



Athlete's First and Last Name: \_\_\_\_\_

**This page only needs to be completed and signed if the physician on page three does not clear the athlete and indicates further evaluation is required.**

**Athlete should bring the previously completed pages to the appointment with the specialist.**

Examiner's Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

I have been asked to perform an additional athlete exam for the following medical concern(s) - *Please describe:*

Concerning Cardiac Exam      Acute Infection      O<sub>2</sub> Saturation Less than 90% on Room Air

Concerning Neurological Exam      Stage II Hypertension or Greater      Hepatomegaly or Splenomegaly

Other, please describe:

In my professional opinion, this athlete MAY now participate in Special Olympics sports (indicate restrictions or limitations below):

Yes      Yes, but with restrictions (list below)      No

**TO BE COMPLETED AT THE EVENT**

Additional Examiner Notes/Restrictions:

Examiner E-mail: \_\_\_\_\_

Examiner Phone: \_\_\_\_\_

License: \_\_\_\_\_

Examiner's Signature	Date
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**This section to be completed by Special Olympics staff only, if applicable.**

This medical exam was completed at a MedFest event?	Yes	No
The athlete is a Unified Partner or a Young Athlete Participant?	Unified Partner	Young Athlete