**Active Start & FUNdamentals *R*egistration Form**

1. **Personal Information**

First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt/Unit#\_\_\_\_\_\_\_

 Name of Parent attending with athlete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail (Caregiver/Parent/Guardian) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Emergency Contact Information**
2. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Cell number (Point of contact for the day of the event):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Athlete\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Other Information (If Known)**

I confirm that this athlete has an intellectual disability.

Does the athlete have Down Syndrome? Yes No (If yes, do they have atlantoaxial instability)

**Please read and sign the agreement on the reverse of this form.**

*Intellectual disability is defined by Special Olympics Canada as follows:*

*Individuals must have both a current intellectual deficit and a deficit in adaptive functioning with onset during the developmental period. All three of the following criteria must be met.*

1. *Intellectual deficit, as measured by an Intelligence Quotient (IQ), below the population mean for a person’s age and cultural group, which is typically an IQ score of approximately 70 or below;*
2. *Significant limitations in adaptive functioning in one or more aspects of daily life activities such as: communication, social participation, self-care, self-direction, functioning at school or at work, independence at home or in community settings; and onset during the developmental period (before 18 years of age).*

*There is no maximum age limitation for participation in Special Olympics.  The minimum age requirement for participation in any Special Olympics NWT sport program is twelve.*

**Athlete, Parent/Guardian Release and Indemnity Agreement**

Any and all references to Special Olympics Canada include and apply equally to the Provincial and Territorial chapters of Special Olympics Canada.

* I, the undersigned athlete, and/or parent/guardian of the above named athlete hereby request permission for the athlete to participate in Special Olympics Canada program(s).  I represent and warrant you that the athlete is physically and mentally able to participate in Special Olympics Canada. I also confirm that the athlete meets the athlete eligibility criteria as identified by Special Olympics Canada.
* I acknowledge that the athlete will be using facilities at their own risk and I hereby release, discharge and indemnify Special Olympics Canada from all liability for all claims, damages, actions, or liabilities related to the death of, or injury to person, or damage to property of the athlete, both now and in the future.
* In permitting the athlete to participate I am specifically granting permission to you to use the likeness, voice and works of the athlete on television, radio, films, newspaper, magazine and other media, and in any form not hereby described for the purpose of advertising or communicating the purposes and activities of Special Olympics Canada activities in which the athlete is to train and/or compete.
* You are authorized on my behalf and at my account to take such measures and arrange for such medical and hospital treatment as you may deem advisable for the health and well-being of the athlete.
* The undersigned athlete and/or parent/guardian acknowledge that this Release and Indemnity Agreement is of an indefinite duration and shall be effective from the date of this Agreement, until this agreement is terminated in writing.
* The undersigned athlete and/or parent/guardian acknowledge that all the information given on this registration form is correct, to the best of my knowledge.

Athlete Signature   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent/Guardian/caregiver Signature (if applicable)   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Relationship to Athlete   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_