

YOUTH VOLUNTEER & UNIFIED PARTNER REGISTRATION FORM

Ages 17 and Under (valid for 3 years or until age 18)



Special Olympics Hawai'i Delegation Name: _____

Registration Type (mark all that pertain) Volunteer Unified Partner Assistant Coach

Are you new or Re-Registering? New Re-Registering

VOLUNTEER / UNIFIED PARTNER INFORMATION					
First Name:			Last Name:		
Date of Birth (mm/dd/yyyy):			<input type="checkbox"/> Female <input type="checkbox"/> Male		
Address:					
Phone:			E-mail:		
Sports/Activities:					
Race/Ethnicity (Optional):			Preferred Language(s) (Optional):		
PARENT / GUARDIAN INFORMATION (required if minor or otherwise has a legal guardian)					
Name:			Relationship:		
<input type="checkbox"/> Same as contact information above		Address:			
Phone:			E-mail:		
EMERGENCY CONTACT INFORMATION <input type="checkbox"/> Same as Parent/Guardian					
Name:		Relationship:		Phone:	
BACKGROUND INFORMATION (required for participants 16 years and older)					
Do you use illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever been convicted of a criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever been charged with and/or convicted of neglect, abuse or assault? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Has your driver's license ever been suspended or revoked in any jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered "yes" to any of the questions, please provide details:					
HEALTH INFORMATION **Health information is collected in case of emergency. Each participant is responsible for determining if the participant is physically able to participate.					
Please mark if you have any of the following conditions and provide details:					
<input type="checkbox"/> Special Dietary Needs: _____			<input type="checkbox"/> Epilepsy or Seizure Disorder: _____		
<input type="checkbox"/> Allergies: _____			<input type="checkbox"/> Neurological Condition: _____		
<input type="checkbox"/> Assistive Devices: _____			<input type="checkbox"/> Diabetes: _____		
<input type="checkbox"/> High Blood Pressure: _____			<input type="checkbox"/> Sickle Cell Anemia/Trait: _____		
<input type="checkbox"/> Heart Conditions: _____			<input type="checkbox"/> Chronic Infection: _____		
<input type="checkbox"/> Asthma/Respiratory Condition: _____			<input type="checkbox"/> Missing Organ: _____		
<input type="checkbox"/> Mental Health Condition: _____			<input type="checkbox"/> Other Health Conditions: _____		
Please use this space for any additional health information you want Special Olympics to know:					
Please list any Medications, Vitamins or Dietary Supplements below:					
Medication Name	Dosage	Times per Day	Medication Name	Dosage	Times per Day

YOUTH VOLUNTEER & UNIFIED PARTNER RELEASE FORM, page 2



I agree to the following:

1. **Ability to Participate.** I am physically able to take part in Special Olympics activities.
2. **Likeness Release.** I give permission to Special Olympics, Inc., Special Olympics games/local organizing committees, and Special Olympics accredited Programs (collectively "Special Olympics") and Special Olympics partners and sponsors to use my likeness, photo, video, name, voice, words, and biographical information to promote Special Olympics, raise funds for Special Olympics, and acknowledge partners' and sponsors' support 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. 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.
4. **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.
5. **Health Programs.** If I take part in a health program as a participant, 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.
6. **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"). The organization responsible for protecting my personal information under data protection laws is my national Special Olympics accredited Program (contact info at www.SpecialOlympics.org/Programs). Special Olympics, Inc. and Special Olympics games/local organizing committees will also be responsible for protecting my personal information if it is shared with them.
 - I understand Special Olympics is 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.
 - I understand Special Olympics may disclose my personal information with (i) medical professionals in an emergency, and (ii) 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.
 - My personal information will only be stored as long as it is needed for purposes described in this form.
 - I understand using my personal information for communications.
 - I understand sharing my personal information with (i) researchers, such as universities and public health agencies, 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 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, delete and restrict the processing of my personal information. I also have a right to have my personal information sent to another organization on my request. I have the right to file a complaint with a local data protection authority.
 - *Privacy Policy.* Personal information may be used and shared consistent with this form and as further explained in the Special Olympics privacy policy at www.SpecialOlympics.org/Privacy-Policy.aspx.
7. **Waiver and Liability Release.** I understand the risks involved with participation in Special Olympics activities. I fully accept and assume all such risks and all responsibility for losses, costs, and damages I may incur as a result of my participation. I hereby release and agree not to sue any Special Olympics organization, its directors, agents, volunteers, and employees, and other participants ("Releasees") related to any liabilities, claims, or losses on my account caused or alleged to be caused in whole or in part by the Releasees. I further agree that if, despite this release, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify and hold harmless each of the Releasees from any such liabilities, claims, or losses as the result of such claim. I agree that if any part of this form is held to be invalid, the other parts shall continue in full force and effect.

Name:	Delegation:
PARTICIPANT SIGNATURE (middle/intermediate and older required to read and sign)	
I have read and understand this form. I have the right to withdraw any consent given under this form with effect to the future. If I have any questions regarding this form, I may contact my Special Olympics Program (contact info at www.SpecialOlympics.org/Programs). By signing, I agree to this form.	
Volunteer/Unified Partner Signature:	Date:
PARENT / GUARDIAN SIGNATURE (required)	
I am a parent or guardian of the participant. I have read and understand this form and have explained the contents to the participant as appropriate. I have the right to withdraw any consent given under this form with effect to the future. If I have any questions regarding this form, I may contact my Special Olympics Program (contact info at www.SpecialOlympics.org/Programs). By signing, I agree to this form on my own behalf and on behalf of the participant.	
Parent / Guardian Signature:	Date:
Printed Name:	Relationship: