
Welcome to Special Olympics North Carolina!

Special Olympics North Carolina (SONC) is a non-profit organization which provides sports training and competition for nearly 53,000 individuals. This includes athletes who have intellectual disabilities as well as Unified partners who are individuals without intellectual disabilities joining the athletes in sports. In North Carolina, 20 sports are offered on a year-round basis; sport offerings vary by local program (primarily county).

Special Olympics was created by the Joseph P. Kennedy, Jr. Foundation. Special Olympics North Carolina is authorized and accredited by Special Olympics Inc. and is licensed by the Secretary of State's office with the State of North Carolina and is a 501(c)3 organization as determined by the Internal Revenue Service.

Special Olympics athletes get continuing opportunities, to develop physical fitness, demonstrate courage, experience joy and participate in a sharing of gifts, skills and friendship with their families, other Special Olympics athletes and the community.

To become a Special Olympics athlete, contact the local program in your county. A full list of contact information is available on the Web site at www.sonc.net.

Athlete Eligibility

Special Olympics training and competition is open to every person with an intellectual disability who is at least eight years of age. There is no maximum age limit. Eligible individuals must be identified by a medical agency or professional as having an [intellectual disability](#). Some Special Olympics athletes may also have a physical disability, but it is their developmental disability that qualifies them to participate in Special Olympics.

Children who are ages two through seven may participate in the [Young Athletes Program](#).

Registration Procedure

To become a new athlete:

- ☐ **Basic Info & Health History Form (2 pages):** This section captures health history in order to understand an athlete's health status. This section must be completed by a parent/guardian or an adult athlete who is his/her own guardian.
- ☐ **Release & Waiver Form (2 pages):** This form goes over some important details about Special Olympics participation and requires a signature. This will only need to be completed one time. The Release/Waiver Form instructs you to complete other forms in certain situations. Those will be sent out to be completed on a case by case basis.
- ☐ **Code of Conduct (1 page):** It is important that we all have clear expectations of how we act and treat each other. While a signature is not required here, a local coordinator or coach may ask everyone to sign to indicate agreement.

This form is good for one year. After the first time an athlete completes this full form, they will be prompted to complete a simple **renewal form** each year to continue participation.

Please submit registration forms to your local program coordinator – contact information can be found at www.sonc.net.

Athlete Registration Form

Required for all athletes participating in Special Olympics.



Special Olympics
North Carolina

Local Special Olympics Program: _____ School/Agency: _____

Athlete Information - To be completed by the athlete or parent/guardian/caregiver.

First name: _____ Last name: _____ Middle name: _____

Date of birth (mm/dd/yyyy): ____/____/____ Gender: ☐ Female ☐ Male ☐ Other

Email: _____ Primary phone number: _____ ☐ Mobile ☐ Landline

Place of employment/school: _____

Home address: _____

Optional – Check all that apply:

Race / Ethnicity	<input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Black / African American <input type="checkbox"/> Middle Eastern / North African <input type="checkbox"/> White / Caucasian <input type="checkbox"/> Other: _____	<input type="checkbox"/> Asian <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> Prefer not to answer
Language(s) Spoken by Athlete	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Spanish <input type="checkbox"/> American Sign Language (ASL) <input type="checkbox"/> Other (please list): _____	

Parent/Guardian Information - Required if minor or otherwise has a legal guardian.

First Name: _____ Last Name: _____ Relationship to athlete: _____

Email: _____ Phone number: _____ ☐ Mobile ☐ Landline

Home address: _____

Emergency Contact

☐ Same as Parent/Guardian

First name: _____ Last name: _____ Phone number: _____ ☐ Mobile ☐ Landline

Relationship to athlete: ☐ Parent/guardian ☐ Caregiver ☐ Family member ☐ Healthcare provider ☐ Coach ☐ Other

Associated Conditions - Mandatory

Associated Conditions	<input type="checkbox"/> Autism <input type="checkbox"/> Marfan Syndrome <input type="checkbox"/> Other	<input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Spina Bifida <input type="checkbox"/> Unknown	<input type="checkbox"/> Down Syndrome <input type="checkbox"/> Epilepsy	<input type="checkbox"/> Fetal Alcohol Syndrome <input type="checkbox"/> Fragile X Syndrome
Check all that apply:				
Please specify other known intellectual disability diagnoses:				

Assistive Devices and Accommodations - Do you use any of the following? Check all that apply:

Mobility	<input type="checkbox"/> Walker <input type="checkbox"/> Prosthetics	<input type="checkbox"/> Braces or crutches <input type="checkbox"/> None	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Removable orthotics
Lifestyle Aids	<input type="checkbox"/> CPAP <input type="checkbox"/> Dentures <input type="checkbox"/> Glasses, contact lenses, or protective eyewear <input type="checkbox"/> None			
Communications	<input type="checkbox"/> Hearing Aid <input type="checkbox"/> Communication devices <input type="checkbox"/> Sign Language <input type="checkbox"/> None			
Medical Devices	<input type="checkbox"/> Implantable cardioverter defibrillator (ICD) <input type="checkbox"/> Implantable device for seizure management <input type="checkbox"/> VP Shunt <input type="checkbox"/> Pacemaker <input type="checkbox"/> None			
Do you have a specific dietary requirement? <input type="radio"/> Yes <input type="radio"/> No		If yes, please specify:		Do you use other assistive devices? <input type="radio"/> Yes <input type="radio"/> No If yes, please specify:

General Health Questions		Athlete Name _____
Do you have a heart condition?	<input type="radio"/> Yes <input type="radio"/> No	
Do you have asthma?	<input type="radio"/> Yes <input type="radio"/> No	
Do you have diabetes that requires you to take insulin?	<input type="radio"/> Yes <input type="radio"/> No	
Do you have a vision impairment?	<input type="radio"/> Yes <input type="radio"/> No	
Do you have a hearing impairment?	<input type="radio"/> Yes <input type="radio"/> No	
Do you have a bleeding disorder?	<input type="radio"/> Yes <input type="radio"/> No	
Has a doctor ever limited your participation in sports?	<input type="radio"/> Yes <input type="radio"/> No	
Do you have epilepsy or any type of seizure disorder?	<input type="radio"/> Yes <input type="radio"/> No	
Do you have sickle cell disease?	<input type="radio"/> Yes <input type="radio"/> No	

Have you ever had a concussion?	<input type="radio"/> Yes <input type="radio"/> No	If yes, please specify how many in your lifetime: _____ Date of last one (mm/yyyy): _____
Do you have behavioral, mental health, and/or sensory conditions?	<input type="radio"/> Yes <input type="radio"/> No	If yes, please specify:
Do you have severe allergies that requires the use of an EpiPen?	<input type="radio"/> Yes <input type="radio"/> No	If yes, please specify if it is to any of the following: <input type="checkbox"/> Insect stings <input type="checkbox"/> Medication/drugs <input type="checkbox"/> Food <input type="checkbox"/> Latex <input type="checkbox"/> Other (please specify): _____

Medication and Treatment - Please list:

Are you taking any prescription or over-the-counter medications or treatments? (Including birth control pills, insulin, multivitamins allergy shots or p
inflammatory medication, supplements of any kind. etc.)

☐ Yes ☐ No

If yes, please list:

Medication, Vitamin, or Supplement Name	Dosage	Times per day

Medication, Vitamin, or Supplement Name	Dosage	Times per day

Name of person completing the form: _____

Today's date (mm/dd/yyyy): ____/____/____

Is this form being completed by someone other than the athlete? ☐ Yes ☐ No

If yes, please select the relationship to athlete:

Relationship to athlete: ☐ Parent/guardian ☐ Caregiver ☐ Family member ☐ Healthcare provider ☐ Coach ☐ Other

Special Olympics encourages all participants to get a yearly physical examination.

Please read the following information and check boxes fully before signing.

I agree to the following:

1. **Ability to Participate.** I am physically able to take part in Special Olympics activities, and will abide by all applicable rules, requirements and codes of conduct.
2. **Likeness Release.** I give permission to Special Olympics, Inc., Special Olympics games organizing committees, Special Olympics accredited Programs (collectively "Special Olympics"), as well as official Special Olympics supporters and partners that have authorization from Special Olympics, to use my likeness, photo, video, name, voice, words, biographical information and similar or related material (my "likeness") to promote Special Olympics and raise funds for Special Olympics. I understand that my likeness may be used in all forms of media in local or global campaigns – including those by supporters and partners of Special Olympics – but understand that my likeness will not be used to endorse commercial products or services. I understand that I will not be compensated for the use of my likeness.
3. **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.
 - ☐ I do not consent to blood transfusions.

(If either box is marked, an EMERGENCY MEDICAL CARE REFUSAL FORM must be completed.)
4. **Overnight Stay.** For some events, overnight accommodations may be required. If I have questions, I will contact my Special Olympics Program.
5. **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 have the right to decline Health programming treatment (which is different from sideline or emergency medical care) 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").

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 contact information for communicating with me about Special Olympics.
- sharing my personal information confidentially 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 and delete my personal information, and to restrict the processing of my personal information if it is inconsistent with this consent.

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.

SYMPTOMS FOR SPINAL CORD COMPRESSION and ATLANTOAXIAL INSTABILITY
(For athlete with Down syndrome only)

If I (or the athlete) have been diagnosed with or experienced any of the following symptoms that have increased in severity over the past three years – difficulty controlling bowels or bladder; numbness or tingling in legs, arms, hands, or feet; weakness in arms, legs, hands or feet; burner/stinger/pinches nerve, pain in neck, back shoulders, arms, hands, buttocks, legs or feet; spasticity or paralysis – I must obtain a review and permission from a licensed medical practitioner to train and/or participate in Special Olympics activities.

WAIVER AND RELEASE OF LIABILITY / ASSUMPTION OF RISK / INDEMNIFICATION

In consideration of being allowed to participate in any way in Special Olympics activities, the undersigned acknowledges, appreciates, and agrees that:

1. While particular rules and personal discipline may reduce this risk, the risk of illness (including communicable diseases), injury (including concussion), disability, and death does exist;
2. If I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest Special Olympics representative immediately; and,
3. I understand the risks involved with participation in Special Olympics activities. I fully accept and assume all risks and all responsibility for losses, costs, and damages I may incur as a result of my participation. To the fullest extent of the law, I release and agree not to sue any Special Olympics organization, its directors, agents, volunteers, and employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable owners and lessors of premises on which any Special Olympics activity is occurring ("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 even if arising from the negligence of the Releasees. I have read this release of liability and assumption of risk provision, fully understand its terms, acknowledge that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement. 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.

Athlete Name: _____

ATHLETE SIGNATURE

(required for adult athlete with capacity to sign legal documents)

I have read and understand this form. If I have questions, I will ask. By signing, I agree to this form.

Athlete Signature: _____

Date (mm/dd/yyyy): ____/____/____

PARENT/GUARDIAN SIGNATURE

(required for athlete who is a minor or lacks capacity to sign legal documents)

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.

Parent/Guardian Signature: _____

Date (mm/dd/yyyy): ____/____/____

Printed Name: _____

Relationship: _____

EVALUATION AND RESEARCH (Optional)

Special Olympics wants to help our athletes and their families stay healthy and happy. We may take part in research studies and would share information for your potential participation. All studies will be checked by the Special Olympics Chief Health Officer.

Would you or your family be interested in learning about research studies?

☐ Yes ☐ No

Athlete & Unified partner Code of Conduct

All Special Olympics athletes and Unified Sports partners agree to the following Code of Conduct:

SPORTSMANSHIP AND RESPECT FOR OTHERS

- I will practice good sportsmanship, toward my fellow local program participants, opposing program members, officials, volunteers, staff, family members and spectators at all times including during, before and after practice and competition.
- I will act in ways that bring respect to me, my coaches, my team and Special Olympics.
- I will not use inappropriate or offensive language, including swearing or insulting other individuals, in any form of communication.
- I will not fight with other athletes, coaches, officials, volunteers, staff, family members or spectators.
- I will respect the rights and dignity of all athletes, Unified partners, coaches, volunteers, staff, family members, and spectators in Special Olympics, and will not willfully engage in discriminatory behaviors.
- I will treat everyone equally and with respect regardless of gender, gender identity, sexual orientation, age, race, ethnicity, national origin, religion, ability, or any other characteristic.

TRAINING AND COMPETITION

- I will train regularly and I will learn and follow the rules of my sport.
- I will listen to my coaches and the officials and ask questions when I do not understand.
- I will always try my best during training, divisioning and competitions.
- I will not “hold back” in preliminaries just to get into an easier final heat/division.
- I will follow Special Olympics’ concussion protocol.

RESPONSIBILITY FOR MY ACTIONS

- I understand all forms of communication between me and any other participants must always be appropriate and respectful.
- I will not engage in any form of verbal, physical, psychological, emotional, or sexual abuse, unwanted sexual advances, or harassing, bullying, or hazing behavior in person, via telecommunications, or via any other form of electronic communication, including, but not limited to email, texting, and social media. I will not share inappropriate language, derogatory comments, or slurs, and/or inappropriate images.
- I understand that any social media connections I make with other Special Olympics participants or delegation members on my personal social media accounts are my choice and I am completely responsible for all such communications and who I choose to friend/follow on social media.
- I know that I can tell Special Olympics North Carolina leadership immediately, at any point during my experience, if I feel I am experiencing bullying, or abusive or disrespectful behavior from any member of Special Olympics. I will also tell leadership if I become aware of such behavior occurring between other participants.
- I understand any form of sexual activity between any participants including volunteers and staff is strictly prohibited while participating in any Special Olympics activities.
- I will not drink or possess alcohol, smoke (tobacco products, e-cigarette devices), or possess or consume recreational cannabis or cannabis-based products or take illegal drugs while representing Special Olympics or participating in Special Olympics activities.
- I will not take drugs for the purpose of improving my performance.
- I will be honest and forthcoming about any behavioral or medical needs or considerations I may have, and potential needed supports, that should be known by Special Olympics to help ensure the safety, health, and experience of all involved.
- I will respect and not misuse any equipment or property belonging to Special Olympics or that is provided to Special Olympics for its use.
- I will obey all applicable laws where I am participating, as well as Special Olympics rules and operating policies.

I understand that if I violate this Code of Conduct, I will be subject to a range of consequences, up to and including being prohibited from participating in Special Olympics.