



SPORTS FOR SPECIAL ATHLETES INC.
Registered Charitable No. 88570 1300 RR0001

OPENING NEW DOORS OF INTEGRATED OPPORTUNITY

Athlete Registration

Last Name : \_\_\_\_\_ First Name : \_\_\_\_\_
Address : \_\_\_\_\_ Apt./Unit Number : \_\_\_\_\_
City : \_\_\_\_\_ Province : \_\_\_\_\_ Postal Code : \_\_\_\_\_
Email : \_\_\_\_\_ G.H. : Y \_\_\_ N \_\_\_
Home Phone : \_\_\_\_\_ Work Phone : \_\_\_\_\_ Cell Phone : \_\_\_\_\_
Birth Date : Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Age : \_\_\_\_\_

Emergency Contact Information

Name : \_\_\_\_\_ Relationship to Athlete : \_\_\_\_\_
Home Phone : \_\_\_\_\_ Work Phone : \_\_\_\_\_ Cell Phone : \_\_\_\_\_
Name : \_\_\_\_\_ Relationship to Athlete : \_\_\_\_\_
Home Phone : \_\_\_\_\_ Work Phone : \_\_\_\_\_ Cell Phone : \_\_\_\_\_

Atlanto – Axial Instability

Does the athlete have Down Syndrome? [ ] Yes [ ] No
An atlanto-axial x-ray result is required if the athlete has Down Syndrome.
If yes, what is the date of the most recent x-ray for atlanto-axial instability?
Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

Athlete, Parent, or Guardian Release

I, the undersigned athlete (parent and/or legal guardian), hereby request permission for the athlete to participate in SPORTS FOR SPECIAL ATHLETES INC. (SSA) program(s). I represent and warrant to you that the athlete is physically and mentally able to participate in SSA program(s). I acknowledge that I will be using facilities at my own risk and hereby release, discharge, and indemnify SPORTS FOR SPECIAL ATHLETES INC. from all liability for injury to person or damage to property or myself.
I, the undersigned athlete (parent and/or legal guardian), acknowledge receipt of the Code of Conduct of SPORTS FOR SPECIAL ATHLETES INC. and agree to be bound by it's conditions. [ ] Yes [ ] No Initial \_\_\_\_\_
SSA has a 'zero' tolerance alcohol policy and I agree not to consume alcohol at sport training sessions, at competitions, traveling to and from events, attending competitions/events where overnight accommodation(s) is (are) required, or at any sanctioned event.
Smoking is prohibited at facilities used by SSA (indoor or outdoor).
In permitting the athlete to participate, I grant permission to SPORTS FOR SPECIAL ATHLETES INC. to use the likeness, voice, and words of the athlete in television, radio, films, newspapers, on the internet, and any other media.
If I am not personally present at SPORTS FOR SPECIAL ATHLETES INC. athlete activities in which the athlete is to compete, so as to be consulted in case of necessity, you are authorized on my behalf and at my account to take such measures and arrange for medical and hospital treatment as you deem advisable for the health and well-being of the athlete.
I consent to the information above being made available to our members for networking (eg. membership lists), coaching, or competition registration purposes. Only that information that is necessary (and nothing additional) will be shared. This information will not be given out to any other organization. [ ] Yes [ ] No Initial \_\_\_\_\_

Signature : \_\_\_\_\_ Print Name : \_\_\_\_\_

Date : \_\_\_\_\_ Relationship to Athlete (self, parent, or guardian) : \_\_\_\_\_