



Special Olympics
Young Athletes™

**Special
Olympics**
New Jersey



Young Athletes Individual Registration Form

To register your child for the **Young Athletes Program**, please complete this registration form and mail to Special Olympics New Jersey. You will receive a **FREE** kit of equipment and activity guide to use in your home in approximately 6 weeks. You will also receive periodic updates about upcoming **Special Olympics New Jersey** events and programs in your area and throughout the state. An online survey will be emailed to you in about 4 months asking you to evaluate your experience with the **Young Athletes Program** kit. Your completion of this survey is vital to the integrity of this program. We thank you in advance for your participation.

Athlete's Last Name : Athlete's First Name:

Athlete's Date of Birth: Athlete's Gender: ☐ Male ☐ Female

Parent/Guardian:

Mailing Address: County:

City: State: ZIP Code:

Email Address: Phone:

How did you hear about the Young Athletes Program?

Young Athletes Release Form

TO BE COMPLETED BY PARENT OR GUARDIAN

I am the parent/guardian of _____, the minor "participant," on whose behalf I have submitted the attached application for participation in Special Olympics. The participant has my permission to participate in Special Olympics activities. I further represent and warrant that to the best of my knowledge and belief, the participant is physically able to participate in Special Olympics activities. In permitting the participant to participate, I am specifically granting my permission, forever, to Special Olympics to use the participant's likeness, name, voice and words in television, radio, film, newspapers, magazines and other media, and in any form, for the purpose of publicizing, promoting or communicating the purposes and activities of Special Olympics and/or applying for funds to support those purposes and activities. I also understand that group data collected from the **Young Athletes Program** surveys will be used to plan, evaluate and improve the program. If a medical emergency should arise during the participant's participation in any Special Olympics activities, at a time when I am not personally present so as to be consulted regarding the participant's care, I hereby authorize Special Olympics, on my behalf, to take whatever measures necessary to ensure the participant is provided with any emergency medical treatment, including hospitalization, which Special Olympics deems advisable in order to protect the participant's health and well-being. (IF YOU HAVE RELIGIOUS OBJECTIONS TO RECEIVING SUCH MEDICAL TREATMENT, PLEASE CROSS OUT THIS PARAGRAPH, AND REQUEST THE **SPECIAL PROVISIONS REGARDING MEDICAL TREATMENT FORM**.)

I am the parent (guardian) of the participant named in this application. I have read and fully understand the provisions of the above release. Through my signature on this release form, I am agreeing to the above provisions on my own behalf and on the behalf of the participant named above. I hereby give my permission for the participant named above to participate in Special Olympics games, recreation programs and physical activity programs.

(Parent/Guardian's Signature) (Date)

FOR OFFICE USE ONLY

Area: Database: Flaghouse: Please return completed form to: Young Athletes Program Special Olympics New Jersey 1 Eunice Kennedy Shriver Way Lawrenceville, NJ 08648 Call 609-896-8000 for additional information.