



Young Athletes Program Registration Form



Special Olympics Wyoming Young Athletes Program

- 2-7 year old with intellectual disability Received at-home kit: _____
Date
- 2-7 year old WITHOUT intellectual disability Participating in school program

Participant's Name: _____ **T-Shirt Size:** _____
First Last

Gender: Male Female **Birth Date:** Month _____ Day _____ Year _____

Parents/Guardians of Participant: _____

Address: _____ **City:** _____ **Zip Code:** _____

Email: _____ **Phone:** _____

Is there anything about your child that you think we should know before he/she participates in Young Athletes? _____

Young Athletes Release Form

TO BE COMPLETED BY THE PARENT/GUARDIAN OF MINOR PARTICIPANT

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 and mentally able to participate in Special Olympics. In permitting the participant to participate, I am specifically granting my permission, forever, to Special Olympics to use the participant's likeness, 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 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 are necessary to ensure that 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.

I am the parent (guardian) of the participant named in this application. I have read and fully understand the provisions of the above release, and have explained these provisions to the participant. 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.

Signature of Parent/Guardian

Print Name

Date

Once completed, send to Leanne Jones, Director of Youth and School Initiatives
 youth@specialolympicswy.org
 239 West 1st Street, Casper, WY 82601
 PH: 307-235-3062 FAX: 307-235-3063