



ATHLETE REGISTRATION PACKAGE SPRING/SUMMER 2018

REGISTRATION PROCESS

1. Review the **Sport Programs** (included on page 2) to decide which sport(s) the athlete would like to participate in during the Spring/Summer 2018 sports season.
2. Read the **Registration Form** (page 4) carefully. **This registration is for RETURNING ATHLETES ONLY.** If the athlete is new to Special Olympics Kitchener-Waterloo, complete the **New Athlete Registration Form** on our website - kw.specialolympicsontario.ca.
3. Mail payment with the completed **Registration Form and Medical Forms** (pages 4, 6 & 7) to:

Special Olympics Kitchener-Waterloo, Attn: Registrar
PO Box 40107, Waterloo Town Square
75 King Street South, Waterloo, ON N2J 4V1

4. Please make cheques or money orders payable to SOO Kitchener-Waterloo.
5. All athletes must complete a **Medical History** form (pages 6 and 7). **This form must be completed and returned with your registration package.**

It is the responsibility of the athlete or the athlete's caregiver/guardian to inform all coaches of any changes to an athlete's medical status.

Coaches reserve the right to request a new/updated **Medical History** form as deemed necessary.

PLEASE NOTE

1. Registration to all programs is on a **first come, first serve** basis and many sports have a limited number of spaces.
2. Receipts will be emailed directly to you. This is your confirmation that you have been registered for your sports.
3. Providing support for athletes requiring assistance is the responsibility of the athlete's caregiver.
4. If you require financial support for registration/equipment, City of Kitchener, KidSport and Jump Start provide grants. Please check their websites for more information.
5. Athletes cannot participate in practice until they have submitted their registration forms and medical forms. No exceptions.



SPRING/SUMMER SPORT PROGRAMS 2018

Team / Club	Location	Day / Time / Coach	Season Start Date/Fees
Boccia	Waterloo Park, Waterloo	Mondays 6:30pm – 7:30pm Head Coach: Valerie Herteis	TBA Club Fee: \$0 Equipment: running shoes
Golf	Doon Valley Golf Course 500 Doon Valley Dr. Kitchener	Thursdays 5:30pm-6:30pm (5-11 yrs) 6:30pm-7:30pm (12-17 yrs) 7:30pm-8:30pm (18+) Head Coach: Sheldon Gayler	May 31, 2018 to August 16, 2018 Club Fee: \$80 Equipment: running shoes and appropriate golf attire.
Powerlifting <i>Grizzlies</i>	Active Souls Project 987 Guelph Street, Kitchener	Mondays 5:00pm – 6:00pm Head Coach: Sasha King	September 25, 2017 to July 23, 2018 Club Fee: \$10.00 per week Equipment: Stretch-type shorts, t-shirt, running shoes
Softball Strikers - C	Sheppard School, Diamond 1 278 Weber Street East, Kitchener	Wednesdays 6:30pm – 8:00pm Head Coach: Samantha Braun	May 16, 2018 to August 01, 2018 Club Fee: \$25 Equipment: ball glove, running shoes, batting helmet
Softball Sparks - D	Sheppard School, Diamond 2 278 Weber Street East Kitchener	Wednesdays 6:30pm – 8:00pm Head Coach: Samantha Braun	May 16, 2018 to August 01, 2018 Club Fee: \$25 Equipment: ball glove, running shoes, batting helmet
Track and Field	St. David CSS 4 High Street, Waterloo	Tuesdays 7:00pm – 8:30pm Head Coach: Elissa Cressman	May 08, 2018 to July 24, 2018 Club Fee: \$25 Equipment: Shorts, t-shirt, running shoes (cleats if wanted)

- **Boccia players are to meet in the Waterloo Park parking lot off of Father David Bauer Drive, opposite the Waterloo Memorial Recreation Complex near the Waterloo Skatepark.**
- **All program details are subject to change pending facility availability. You will be notified of any changes to the information included in this package. Outdoor sports practice dates may change due to weather conditions. The head coach will inform you of any changes.**
- **All equipment listed is mandatory, the coach has the right to refuse the athlete from practicing if they do not come with all of the required equipment**
- **Divisioning guidelines:**
 - **A – Has mastered all of the acquired skills of the sport**
 - **B – Has acquired all of the skills of the sport**



- **C – Has acquired most of the skills of the sport**
- **D – Has acquired few or none of the skills of the sport**

- **The Golf Program is now in partnership with the City of Kitchener. We will be providing the City of Kitchener your name as part of the golf program registration.**

May 31 to June 14

First 3 weeks of golf is a 3 week golf clinic.

Time will be spent on the putting & driving range, pitch & putt course.

Time you attend depends on age of athlete.

5:30pm-6:30pm (5-11 yrs)

6:30pm-7:30pm (12-17 yrs)

7:30pm-8:30pm (18+)

June 21-August 16

After the golf clinic we move into our Golf League.

6:30pm-8pm all athletes of all ages attend.



RETURNING ATHLETE REGISTRATION FORM – SPRING/SUMMER 2018

Contact Information

SOO Registration Number (if known) _____

Male Female

First Name

Last Name

Street Address

Apt#

City

Province

Postal Code

Home Phone Number

Primary Contact

Home Phone Number

Cell Phone Number

Email Address

Alternate Contact

Home Phone Number

Cell Phone Number

Date of Birth

Living Arrangements

MM / DD / YY

Group Home Family Independent Other

Please place a check (√) in the box, enter and total the cost for the sport(s) you wish to participate in.

Register	Sport	Detail	Fee	Athlete's Cost
	Boccia		\$0	
	Golf		\$80	
	Softball Strikers	C Players	\$25	
	Softball Sparks	D Players	\$25	
	Track & Field		\$25	
√	KW Registration Fee	Flat Rate	\$25	\$25
	Early Bird Discount	Before May 08, 2018	-\$10	
√	Total	Total Athlete's Cost	Total	\$

Athlete is registering for _____ recreation sport _____ competitive sport (Please check one)

Payment must be submitted with Registration Form. Please make cheques payable to: SOO Kitchener-Waterloo.



PAYMENT AND REFUND POLICY

1. Full payment will be collected for all registered sports regardless of the date of registration.
2. If any amount remains unpaid at the time of the first practice the athlete will not be allowed to participate. Any exceptions must be requested in writing to the *Community Council* for their consideration and approval. If a registration cheque is returned for *Non Sufficient Funds (NSF)*, the athlete will not be permitted to participate in the program until a replacement cheque has been issued. If two consecutive NSF cheques are submitted, the athlete will be required to pay by cash/money order.
3. A full refund will be given to any athlete who withdraws from a sport prior to the commencement of the second practice.
4. A full or partial refund will be given to athletes who cannot continue in a sport due to illness or injury; this is subject to a doctor's certificate. The maximum refund will be prorated. **No refund will be issued for an amount less than \$5.00.**
5. Any athlete who withdraws from a program with less than three practices remaining will not be issued a refund.
6. Requests for refunds will not be considered after the end of the season.
7. If you require financial support for registration/equipment, City of Kitchener, KidSport and Jump Start provide grants. Please check their websites for more information.

CONTACT INFORMATION

LJILJANA KRAJISNIK, REGISTRAR

SPECIAL OLYMPICS ONTARIO, KITCHENER-WATERLOO

Telephone (Answering Machine): 519-578-3113

Web site: kw.specialolympicsontario.ca

Email: kw.registrar@specialolympicsontario.ca



MEDICAL HISTORY - 1

Please print clearly and complete **all** sections. All medical changes must be immediately conveyed to the manager/coach of each sports club the athlete is participating in.

Athlete Information

First Name _____ Last Name _____

Telephone # _____ OHIP # _____

Emergency Contact Information

Family Doctor (please print name) _____ Telephone Number _____

Name of Emergency Contact 1 _____ Telephone Number _____

Name of Emergency Contact 2 _____ Telephone Number _____

Medical History

Please indicate yes or no for all areas

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Easy Bleeding
<input type="checkbox"/>	<input type="checkbox"/>	Food	<input type="checkbox"/>	<input type="checkbox"/>	Emotional/Psychiatric/Behavioural Problems
<input type="checkbox"/>	<input type="checkbox"/>	Stings/Bites	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Loss/Hearing Aid
<input type="checkbox"/>	<input type="checkbox"/>	Medicine	<input type="checkbox"/>	<input type="checkbox"/>	Heart Disease or Defect/High Blood Pressure
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Heat Stroke/Exhaustion
<input type="checkbox"/>	<input type="checkbox"/>	Blindness/Visual Problems	<input type="checkbox"/>	<input type="checkbox"/>	Major Surgery or Serious Illness
<input type="checkbox"/>	<input type="checkbox"/>	Bone or Joint Problem	<input type="checkbox"/>	<input type="checkbox"/>	Medications (If yes, list below)
<input type="checkbox"/>	<input type="checkbox"/>	Chest Pain	<input type="checkbox"/>	<input type="checkbox"/>	Non-verbal
<input type="checkbox"/>	<input type="checkbox"/>	Concussion or Serious Head Injury	<input type="checkbox"/>	<input type="checkbox"/>	Seizures/Epilepsy/Fainting Spells
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Requires Assistance
<input type="checkbox"/>	<input type="checkbox"/>	Down Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	Uses Wheelchair
<input type="checkbox"/>	<input type="checkbox"/>	Atlanto-Axial X-Ray Result _____	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

Date of Last Tetanus Shot: ____ / ____ / ____ Blood Type: _____
MM DD YY

Medications:

Medication Name	Dosage	Times Per Day	Medication Name	Dosage	Times Per Day



MEDICAL HISTORY – 2

Name of Athlete _____

Please explain any medical issues and how to address them (e.g. list any allergies, response to seizures, medication required for specific circumstances, and so on).

Please indicate any information that will benefit the athlete/coach training relationship (e.g. behaviour management, communications, limitation, and so on).

Important: This form must be completed and signed by the athlete or caregiver/guardian in order to participate in any practice or sporting event.

Name (print) _____ Signature _____

Relationship to Athlete _____ Date _____

Important: Information must be confirmed by the coaching staff or manager before the first practice of the year.

Date Information Confirmed Correct	Date Information Revised	Athlete/Guardian Initials	Coach/Manager Initials