



NEW ATHLETE REGISTRATION PACKAGE FALL/WINTER 2014-2015

REGISTRATION PROCESS

1. Review the **Sport Programs** (included on page 3) to decide which sport(s) the athlete would like to participate in during the Fall/Winter 2014-2015 sports season.
2. Read the **Registration Form** (pages 4 to 6) carefully. **This registration is for NEW ATHLETES ONLY.** If you have previously registered with Special Olympics Kitchener-Waterloo, complete the **Returning Athlete Registration Form** on our website - kw.specialolympicsontario.ca.
3. All athletes must complete a **Medical History** form (pages 8 and 9). **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.

4. Mail payment with the completed **Registration Form and Medical Forms** (pages 4-6, 8-9) to:
Special Olympics Kitchener-Waterloo, Attn: Registrar
PO Box 40107, Waterloo Town Square
75 King Street South, Waterloo, ON N2J 4V1
5. Please make cheques or money orders payable to SOO Kitchener-Waterloo.

PLEASE NOTE

1. Registration to all programs is on a **first come, first served** 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.
6. **Minimum Age Policy**
 - a. The official minimum age for Special Olympics athletes is 8 years old.
 - b. Athletes wishing to participate in any team and/or contact sports must be 8 years old at the start of the season.
 - c. Athletes wishing to participate in individual, non-contact sports may start as young as 6 years old, if the head coach of the sport has given their written consent. In these situations, the legal guardian of the child is required to be present at all times and the athlete must have a one-on-one coach. The parent or caregiver can be the coach if they are registered as a Special Olympics volunteer.



7. 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.

8. 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

9. Divisioning guidelines

- a. A – Has mastered all of the acquired skills of the sport
- b. B – Has acquired all of the skills of the sport
- c. C – Has acquired most of the skills of the sport
- d. D – Has acquired few or none of the skills of the sport



FALL/WINTER SPORT PROGRAMS 2014-2015

Team / Club	Location	Day / Time / Coach	Season Start Date/Fees
10 Pin Bowling <i>Alley Cats</i>	Brunswick Lanes Frederick St Plaza 385 Frederick St Kitchener, ON N2H 2P2	Sundays 10:00 AM – 12:30 PM Head Coach: Heather Wilson	September 21 2014 to April 26 2015 Club Fee: \$11 per session (3 games per session) Equipment: Loose fitting clothing (shoe rental included)
5 Pin Bowling <i>KW Olympic Rollers</i>	Victoria Bowling Lanes 280 Victoria St South Kitchener, ON N2G 2G3	Tuesdays 6:00 PM – 8:00PM Head Coach: Donal Crooke	September 16 2014 to April 28 2015 Club Fee: \$8 per session (2 games per session) Equipment: Loose fitting clothing (shoe rental included)
Alpine Skiing	Chicopee Ski Club 396 Morrison Road Kitchener, ON N2A 2Z6	Wednesdays 5:30 PM – 7:00 PM Head Coach: Jenn Mondell	January 7 2015 to March 25 2015 Club Fee: \$33 per session Equipment: Warm clothing, skis, helmet, and boots
Basketball <i>Raptors – A Division</i>	Abraham Erb Public School 710 Laurelwood Drive Waterloo, ON N2V 2V3	Mondays 7:30 PM – 9:30 PM Head Coach: Steve Singer	November 3 2014 to April 20 2015 Club Fee: \$15 Equipment: Loose fitting clothing and running shoes
Basketball <i>Hoops – D Division</i>	Abraham Erb Public School 710 Laurelwood Drive Waterloo, ON N2V 2V3	Thursdays 6:30 PM – 8:30 PM Head Coach: Steve Singer	October 23 2014 to April 23 2015 Club Fee: \$15 Equipment: Loose fitting clothing and running shoes
Curling <i>KW Rockers</i>	Westmount Curling Club 50 Inverness Drive Kitchener, ON N2M 4Z9	Sundays 2:00 PM – 3:30 PM Head Coach: Brian Rethoret	October 19 2014 to March 22 2015 Club Fee: \$50 Equipment: warm, loose fitting clothing, no jeans , running shoes for indoors only, and helmet
Floor Hockey <i>Cubs – C Division</i>	Abraham Erb Public School 710 Laurelwood Drive Waterloo, ON N2V 2V3	Mondays 6:30 PM – 7:30 PM Head Coach: Ted Blanchett	November 3 2014 to April 20 2015 Club Fee: \$15 Equipment: CSA-approved helmet , loose fitting clothing and running shoes
Martial Gym <i>(Male athletes only)</i>	Sir Edgar Bauer Catholic School 660 Glen Forrest Blvd, Waterloo, ON N2L 4K2	Fridays 7:00 PM – 8:30 PM Head Coach: Karolyn Heubner	October 17 2014 to June 12 2015 Club Fee: \$15 Equipment: T-shirts, shorts, stretchy pants that fit properly (e.g. gym, yoga or jogging pants). No jeans . Gym equipment is supplied but you may purchase your own
Nordic Skiing <i>KW Penguins</i>	Bechtel Park 185 Bridge St W, Waterloo, ON N2K 1K9	Sundays 2:00 PM – 4:00 PM Head Coach: Angela Nyhout	December 7 2014 to March 22 2015 Club Fee: \$15 plus \$5 per session for ski rentals (if required) Equipment: Warm loose fitting clothing, ski rentals available
Rhythmic Gymnastics <i>(Female athletes only)</i>	Sir Edgar Bauer Catholic School 660 Glen Forrest Blvd, Waterloo, ON N2L 4K2	Fridays 7:00 PM – 8:30 PM Head Coach: Karolyn Heubner	October 17 2014 to June 12 2015 Club Fee: \$15 Equipment: T-shirts, shorts, stretchy pants that fit properly (e.g. gym, yoga or jogging pants). No jeans . Gym equipment is supplied but you may purchase your own
Powerlifting <i>Grizzlies</i>	World Gym 777 Weber St E, Kitchener, ON N2H 1H5	Tuesdays 7:15 PM – 8:45 PM Head Coach: TBD	October 21 2014 to May 26 2015 Club Fee: \$15.00 plus \$10 monthly gym membership Equipment: Stretch-type shorts, t-shirt, running shoes
Snowshoeing	Waterloo Park 50 Young Street West Waterloo, ON N2L 2Z4	Wednesdays 6:30 PM – 7:30 PM Head Coach: Julie Wetzler	November 26 2014 to February 25 2015 Club Fee: \$15 Equipment: Thermals, track pants, light jacket, good warm mitts/gloves, hat, light boots or waterproof runners. No jeans, scarves, snow pants
Soccer (Indoor) <i>Lightning</i>	RIM Park 2001 University Ave E, Waterloo, ON N2K 4K4	Wednesdays 4:30 PM – 6:00 PM Head Coach: TBD	October 22 2014 to February 25 2015 Club Fee: \$25 Equipment: Loose fit clothing, running shoes, shin pads
Swimming <i>Crusaders</i>	Wilfrid Laurier Athletic Complex 75 University Ave W Waterloo, ON N2L 3C5	Fridays 5:00 PM – 7:00 PM Head Coach: Eleanor Namuddu	September 26 2014 to April 17 2015 Club Fee: \$50 Equipment: Bathing suit, towel



NEW ATHLETE REGISTRATION FORM - 1

Please Check One: Register New Athlete <input type="checkbox"/>	Add Athlete to Club <input type="checkbox"/>	Change Athlete Personal Info <input type="checkbox"/>	Remove Athlete from Club <input type="checkbox"/>
(Complete Sections 1, 2, 3 and 4)	(Complete Sections 1-2)	(Complete Section 1)	(Complete Section 1-2)

1. Personal Information

First Name _____ Middle Initial _____ Last Name _____

Address _____ Apt / Unit # _____

City _____ Province **ONTARIO** Postal Code _____

Home Phone Number (____) _____ Cell Phone Number (____) _____

e-mail (*athlete or caregiver*) _____

Date of Birth *optional ____/____/____
MM / DD / YY

Gender: M F

Spoken Language(s): English French Other _____

2. Activity Profile *Must be filled out by a Special Olympics Volunteer or Coach

Please indicate the sport specific and/or athletic club, the name of the club in which the athlete is involved.

Community **Kitchener-Waterloo** Region **2**

Club # _____ Sport _____ Club Name _____

Club # _____ Sport _____ Club Name _____

Club # _____ Sport _____ Club Name _____



NEW ATHLETE REGISTRATION FORM - 2

3. Atlanto-Axial Instability Profile

Individuals who have Down Syndrome that have been tested positive for Atlanto-Axial Instability, shall not be permitted to participate in sport training and competition which, by their nature, result in hypertension, radical flexion or direct pressure on the neck or upper spine. Such sports training and competition activities include, but are not limited to: butterfly stroke and diving in swimming, pentathlon, high jump, powerlifting, artistic gymnastics, basketball, soccer, alpine skiing and any warm-up exercise placing undue stress on the head and neck.

Does the new participant have Down Syndrome? Yes No

_____/_____/_____ Result: Positive Negative

Date of last of last X-Ray (MM/DD/YY)

For more information and a copy of the Atlanto-Axial Examination form, contact your Sport Club Manager or Head Coach or visit our website at www.specialolympicsontario.com. This examination form must accompany the registration form to the Provincial Office.

4. Athlete, Caregiver or Guardian Release & Contact Information

Athletes under the age of 18 must have a caregiver/legal guardian sign this release on their behalf.
* I, the undersigned athlete (caregiver and/or legal guardian), hereby request permission to participate in the Special Olympics Canada Inc. program. I represent and warrant you that I am physically able to participate in Special Olympics Canada Inc. *I acknowledge that I will be using facilities at my own risk, and I hereby release, discharge and indemnify Special Olympics Canada Inc. from all liability for injury to person or damage to property of myself. *As a participating athlete, I am specifically granting permission to Special Olympics Canada Inc. to use my likeness, voice and words in television, radio, film, newspaper, magazines and other media, and in any form not heretofore described for the purpose of advertising or communicating the purpose and activities of Special Olympics Canada and in appealing for funds to support such activities. *I agree to abide by Special Olympics Canada Inc. rules, policies, procedure, and Code of Behavior. If I am unable to be consulted in case of necessity, Special Olympics Canada Inc. is authorized at my account to take such measures and arrange for such medical and hospital treatment as is deemed advisable for my health and well-being. *Any and all references to Special Olympics Canada Inc. include and apply equally to Special Olympics Canada Inc.

Can your athlete's photograph be used for media purposes as mentioned above? Yes No

Relationship to Athlete (if not self) Print Name (Parent/Caregiver/Guardian)

Parent/Caregiver/Guardian Home Address

(__) _____
Parent/Caregiver/Guardian Home Phone Parent/Caregiver/Guardian Work Phone

Parental/Caregiver/Guardian e-mail

Date _____ Signature _____

How did you hear about Special Olympics Ontario?		<input type="checkbox"/> Family/ Friends	<input type="checkbox"/> Media/Advertisement
<input type="checkbox"/> School	<input type="checkbox"/> Athletes	<input type="checkbox"/> Volunteers	<input type="checkbox"/> Social Services <input type="checkbox"/> Website
Other: _____			



NEW ATHLETE REGISTRATION FORM – FALL/WINTER 2014-2015

Contact Information

Registration form fields: First Name, Last Name, Gender (Male/Female), 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

Date of Birth fields: MM / DD / YY

Living Arrangements checkboxes: 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.

Table with 5 columns: Register, Sport, Detail, Fee, Athlete's Cost. Lists various sports like 10 Pin Bowling, 5 Pin Bowling, Alpine Skiing, Basketball, Curling, etc., with associated fees and costs.

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



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 DANA RETHORET, 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