

SPECIAL OLYMPICS WAKE COUNTY 2015-2016 WINTER SPORT REGISTRATION FORM

DUE no later than **Thursday, November 12, 2015**

Athlete Name: _____ Birthday: _____ Age: _____

Parent/Guardian Name: _____

Parent/ Guardian Address: _____ City: _____ Zip: _____

Parent/Guardian Email: _____ Parent/Guardian Phone: _____

Emergency Contact Name & Phone Number: _____

(If different from above)

Athlete Address: _____ City: _____ Zip: _____

Athlete Email: _____ Athlete Phone: _____

Athletes can practice in multiple sports, IF their schedule allows; however, they must choose only ONE sport to compete in.

SPORT	I WILL PRACTICE AND COMPETE IN THIS SPORT (you can only choose ONE)	IN ADDITION TO THE SPORT I WANT TO COMPETE IN, I WOULD ALSO LIKE TO PRACTICE IN THIS SPORT	PLEASE LIST YOUR SKILL LEVEL OR YOUR 2014/2015 TEAM
Alpine Ski			
Alpine Snowboard			
Figure Skating			N/A
Speed Skating			N/A
Basketball Skills - Raleigh			N/A
Basketball Skills – Wake Forest			N/A
3 on 3 Basketball Team			
5 on 5 Basketball Team			

~Height: _____ ~Weight: _____ Adult Men's T-shirt size (S, M, L, XL, XXL): _____

Please indicate the following for the athlete's participation:

YES NO

_____ Athlete wishes to participate in any invitational competitions for respective competition sport.

_____ Athlete will ride transportation provided by City of Raleigh transportation to/from Jaycee Park (2401 Wade Ave Raleigh 27607) for competition(s). If yes, you will need to submit a Trip Permission and Medical Form prior to travel.

_____ I understand it is my responsibility to have a Special Olympics Medical/Consent Form on file prior to November 17, 2015 or I am not eligible for state-level competitions.

Athletes with up to date Special Olympics North Carolina Athlete Participation Forms (medicals) **are** insured at practice and competition by Special Olympics North Carolina. The City of Raleigh does not insure participants and requires the following release for using city facilities and vehicles.

City of Raleigh Release and Indemnity Agreement

I understand that participating in the recreational program(s) selected involves risk of injury. These risks include weather, accidents while traveling, equipment problems or failure, contact with and actions of other participants, slips/trips/falls, and musculoskeletal injuries, among others. I choose for myself or for my child to participate in the selected program(s) despite the risks.

By signing this form, I acknowledge all risks of injury, illness, and death and affirm that I have assumed all responsibility of injury, illness, or death in any way connected with participation in the program(s). I also agree for myself and for any child participant to follow all rules and procedures of the program and to follow all rules and procedures of the program and to follow the reasonable instructions of the teachers and supervisors of the program.

In return for the opportunity to participate in this program, I agree for myself and my heirs, assigns, executors, and administrator to release, waive, and discharge any legal rights I may have to seek payment or relief of any kind from the City, its' employees or its' agents for injury, illness, or death resulting from this program. If I am registering a child for a program, I agree that I am a parent, legal guardian, or am otherwise responsible for the child whose application I am submitting and that I release, waive, and discharge any legal rights that I may assert on behalf of the child participating in the program(s). I also agree not to sue the City, its' employees, or its' agents and agree to indemnify the City for all claims, damages, losses, or expenses, including attorney fees, if a suit is filed concerning an injury, illness, or death to me or to my child resulting from participation in the program(s).

I understand that the City of Raleigh provides no insurance coverage for me. I have read this document thoroughly and understand that by signing this form I am waiving legal rights.

Athlete/Parent/Guardian Name: _____

Athlete/Parent/Guardian Signature: _____ Date: _____

*If athlete is under 18yo or not their own guardian, Parent/Guardian must sign

Return no later than **Thursday, November 12, 2015** to:

Mail: Raleigh Parks, Recreation, and Cultural Resources Department
Attn: Special Olympics Wake County
2401 Wade Ave
Raleigh, NC 27607

Email: Special.Olympics@raleighnc.gov

Fax: 919-831-6470

