



Special Olympics
Ontario

ATHLETE INFORMATION FORM

Athlete Registration Number (if known): _____

1. PERSONAL INFORMATION		
Please print information in the boxes below. Abbreviate if necessary to fit the number of boxes given.		
NAME	SEX	
<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	
ADDRESS	APT#	
<input type="text"/>	<input type="text"/>	
CITY	PROV	POSTAL CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>
HOME PHONE	WORK PHONE	
<input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/>	
BIRTHDATE	OHIP #	
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	
m m d d y y		
EMAIL (IF APPLICABLE)		
<input type="text"/>		

2. CLOTHING SIZE	
Please check one of each:	
SHIRT SIZE	PANT SIZE
<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL

3. LIVING ARRANGEMENTS	
Please check one:	
<input type="checkbox"/> GROUP HOME	<input type="checkbox"/> FAMILY <input type="checkbox"/> INDEPENDENT <input type="checkbox"/> OTHER

4. EMERGENCY CONTACT(S)	
Please print information in the boxes below. Abbreviate if necessary to fit the number of boxes given.	
(1) NAME	TELEPHONE NUMBER(S)
<input type="text"/>	<input type="text"/> - <input type="text"/>
(2) NAME	TELEPHONE NUMBER(S)
<input type="text"/>	<input type="text"/> - <input type="text"/>

5. MEDICAL CONTACT(S)	
FAMILY DOCTOR (please print name)	TELEPHONE NUMBER
<input type="text"/>	<input type="text"/> - <input type="text"/>
DATE OF LAST TETANUS SHOT	BLOOD TYPE
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
m m d d y y	

1. Is the athlete on any *regular* medication?

- No Yes, please give name and dosage:
-

2. Does the athlete take any other medication(s) for specific circumstances?

- No Yes, please give name, dosage and explain circumstances of use:
-

3. Is the athlete allergic to any medication, foods, materials etc.?

- No Yes, please list:
-

4. Are there any foods or drinks that the athlete should not be allowed to consume?

- No Yes, please list:
-

5. Does the athlete have seizures?

- No Yes, please explain the best way to handle the athlete after a seizure:
-

6. Does the athlete have any other medical conditions that coaches should be made aware of?

- No Yes, please explain.
-

7. Does the athlete have good vision?

- Yes No, please explain.
-

8. Does the athlete have good hearing?

- Yes No, please explain any aids needed:
-

9. Does the athlete exhibit any behavioural problems?

- No Yes, please describe in full and explain the best way to work with the athlete:
-
-
-

10. Please give any other information that you think would benefit the athlete-coach training relationship e.g.: behaviour management, language of communication...

Note: this form must be signed in order to proceed with registration

Signature: _____ Date: _____

Name in block capitals: _____

Relationship to athlete: _____