

# ACTIVE START/FUNDAMENTALS REGISTRATION FORM



**Special Olympics**  
NWT

We're registering for

\_\_\_\_ Active Start (ages 2 – 5)

\_\_\_\_ FUNdamentals (ages 6 – 10)

## **Junior Athlete**

Name

Date of Birth

Shirt Size

Nature of Disability/Challenge

Specific behaviours or restrictions that the volunteer instructors should be aware of

## **Parent/Caregiver who will be attending with the athlete**

Name

Relationship to the Athlete

Address

Contact phone numbers

### **ATHLETE, CAREGIVER, GUARDIAN OR PARENT RELEASE**

Athletes under the age of 18 must have a caregiver/legal guardian sign this release on their behalf. I, the undersigned athlete and/or parent/guardian of the above named athlete request permission for the athlete to participate in the Special Olympics Canada Inc. program. I represent and warrant you that the athlete is physically and mentally able to participate in Special Olympics Canada. I acknowledge that the athlete will be using facilities at their own risk, and I hereby release, discharge and indemnify Special Olympics Canada from all liability for injury to person or damage to property of the athlete. As a participating athlete, I am specifically granting permission to Special Olympics Canada to use my likeness, voice and words in television, radio, film, newspaper, magazines and other media. Any and all references to Special Olympics Canada apply equally to Special Olympics NWT.

Parent/Caregiver Signature \_\_\_\_\_ Date \_\_\_\_\_

### ***Three ways to return your registration***

- email it to [lynn@sonwt.ca](mailto:lynn@sonwt.ca)

- call 446-2873 to arrange to drop it off outside of office hours

- before February 17, drop it off at the SONWT office at 4908 49<sup>th</sup> St.