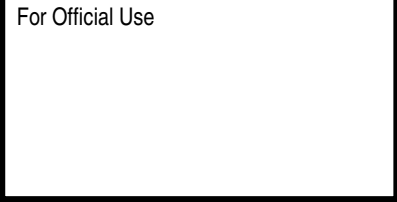


Special Olympics Singapore

Blk 2 #01-65 St George's Road Singapore 322002 Tel: (65) 6293 3182 Fax: (65) 6293 8497
admin@specialolympics.org.sg



Athlete Registration Form - Sport: _____

Athlete Unified Partner

PLEASE FILL ALL SECTIONS

1. Personal Information

Name: (as in BC/IC) _____ Gender: Female/ Male
Mailing Address: _____ Postal Code: _____
Telephone Number: (Home) _____ (Mobile) _____ Date of Birth: _____
Birth Certificate / Identity Card / Passport Number: _____
Race: Chinese Malay Indian Eurasian Others (please specify) _____
Other sporting activities your child/ ward is involve in currently:

2. Background and Emergency Contact Information

A. Employer / School Name: _____
Mailing Address: _____ Postal Code: _____
Contactable Number: _____ Contact Person: _____
B. For emergency/ communication purposes Special Olympics Singapore shall contact:
Name: _____ Relationship to athlete: _____
Mailing Address: _____ Postal Code: _____
Contactable Number: _____ Email address : _____

3. Medical Information

A. Nature of Disability (tick in the boxes provided)
 Cerebral Palsy Epileptic Vision Impairment (excluding glasses/contacts)
 Learning Disability Autism Hearing Impairment
 Motor Impairment *Down Syndrome Others (please specify) _____
 Attention Deficit * Atlanto-axial Instability Evaluation by X-Ray
 Yes No

Please **provide specific details** (on child functioning level) on item ticked in **3. A.** above to assist us in knowing your child/ ward better.

Please share with us the best behaviour involvement strategies that best work with your child.
(Eg. Will listen from a strict and firm person)

B. Allergies and Special Diets - tick if apply, provide specifics where necessary

Allergic to:	<u>Specification:</u>	Diet Requirement:	<u>Specification:</u>
<input type="checkbox"/> Food Items _____		<input type="checkbox"/> Need Special Diet _____	
<input type="checkbox"/> Medications _____		Others	
		<input type="checkbox"/> Behavioural _____	

Any other health conditions/ problems that we should be aware of (e.g asthma)

I hereby give my consent for the athlete named above to participate in Special Olympics training programs and competitions, and confirm that all the above information are true and correct.

Parent/ Guardian Name _____ Signature _____ Date _____