



SPECIAL OLYMPICS FLORIDA
UNIFIED SPORTS® PARTNER REGISTRATION FORM – Version 1.12

ALL APPLICANTS OVER 18 MUST SHOW A PHOTO ID AT TIME OF REGISTRATION

*Form must be filled out completely with **BLACK** ink – incomplete forms will be returned. Please print legibly.
 Minimum age to apply: 8. Minors must complete Page 4.*

Part I – General Information

COUNTY PARTICIPATING IN:		School/Agency (if applicable):	
Male / Female	Last Name (legal):	First Name (legal):	Middle Name:
Home Address:			
City:		State:	Zip Code:
Mobile Phone:		Home Phone:	
Fax:	E-mail:		
Driver's License #: <i>No learner's permits allowed.</i>		Issuing State:	Check if you do not have a valid driver's license: <input type="checkbox"/>
Social Security # (Required) :		Date of Birth:	
Parent/Guardian:		Parent/Guardian Phone:	
Emergency contact:		Emergency Phone:	
Shirt size: Small Medium Large Extra Large XX Large XXX Large			

Special Olympics Florida reserves the right to deny any applicant who does not provide the necessary data required (Social Security Number and Driver's License Number) to conduct a criminal background check and/or motor vehicle record check.

For Minors Only: Prospective Unified Partners under the age of 18 will not be subject to a criminal background check at the time of application, but must still provide a Social Security Number, if over 15 years of age. However, all minor applicants must submit two (2) non-family references. See Page 4 of form.

Part II – Background Information

Questions 1-6 must be answered:

1. Have you ever been convicted of a criminal offense?	Yes	No
2. Have you ever been criminally charged with neglect, abuse or assault?	Yes	No
3. Have you ever been the subject of a court order involving sexual abuse or physical abuse of a minor, which restricts or did restrict contact with a minor or minors?	Yes	No
4. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse?	Yes	No
5. Has your driver's license ever been suspended or revoked in any state or other jurisdiction?	Yes	No
6. Do you use illegal drugs?	Yes	No
7. Have you ever applied to, volunteered or been employed by any Special Olympics organization?	Yes	No
If you answered YES to questions 1 - 7 please explain (use additional sheets of paper if necessary):		

CONTINUED ON PAGE 2



SPECIAL OLYMPICS FLORIDA
UNIFIED SPORTS® PARTNER REGISTRATION FORM – Version 1.12

PAGE 2

SPECIAL OLYMPICS RELEASE AND WAIVER OF LIABILITY, ACCEPTANCE OF TERMS

In consideration of participating in Special Olympics Unified Sports®, I represent that I understand the nature of the event and that I (and/or my minor child) am (is) qualified, in good health, and in proper physical condition to participate in Unified Sports® events. I fully understand the event involves risks of serious bodily injury which may be caused by my own actions or inactions, by the actions of others participating in the event, or by conditions in which the event takes place. I fully accept and assume all such risks and all responsibility for losses, costs, and/or damages I (and/or my minor child) may incur as a result of my (and/or my minor child's) participation. I acknowledge that at any time that if I (we) feel that the event conditions are unsafe, I (and/or my minor child) will discontinue participation immediately.

If during my participation in Special Olympics activities I should need emergency medical treatment and I (and/or my minor child) am (are/is) not able to give consent for or make arrangements for that treatment because of my (and/or my minor child's) injuries, I authorize Special Olympics to take whatever measures are necessary to protect my health and well-being, including, if necessary, hospitalization.

I (and/or my minor child) release, indemnify, covenant not to sue, and hold harmless Special Olympics, its administrators, directors, agents, officers, volunteers, employees and other Unified Sports® participants, and sponsors, advertisers, and if applicable, any owners and lessors of premises on which the activity takes place from all liability, any losses, claims (other than that of the medical accident benefit), demands, costs, or damages that I (and/or my minor child) may incur as a result of participation in Unified Sports® events and/or criminal background check and further agree that if, despite this 'Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement,' I, or anyone on my behalf, makes a claim against any of the Releases, I will indemnify, save, and hold harmless each of the Releases from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as a result of such claim.

I certify that the information provided is true and complete to the best of my knowledge. I have not withheld any information that could affect my application unfavorably, if included. I understand that Special Olympics Florida may refuse to allow me to participate if I provided any incorrect information or omission.

The relationship between Special Olympics and volunteers is an "at will" arrangement, and I understand that my participation can be modified or terminated with or without notice or cause, at any time, at the option of Special Olympics Florida or at my option and that Special Olympics Florida may, in its sole discretion, decline to accept my application for participation with or without cause.

I grant Special Olympics Florida and Special Olympics, Inc. permission to use my likeness, voice, and words in or on television, radio, print, film, and on Special Olympics Florida and Special Olympics, Inc.'s Website(s), or in any other form, format, or media, to promote Special Olympics and its mission and to raise funds for Special Olympics.

The information that I have provided may be verified, and I give ongoing permission to Special Olympics Florida to make periodic inquiry of others, including, but not limited to, a criminal background check to determine my suitability to act as a Special Olympics volunteer, per Special Olympics' Volunteer Screening Policy. If a Minor: I understand that upon turning 18 years of age, I will be subject to a criminal background check (and any subsequent screenings thereafter) per Special Olympics' Volunteer Screening Policy.

I understand that I have the right to be trained and should receive instruction prior to participating. I will abide by all Special Olympics/Florida General and Sports rules and policies.

I understand that in the course of volunteering for Special Olympics, I may be privy to confidential/personal information (including, but not limited to, email addresses, phone numbers and contact information of athletes, parents and other volunteers) and I agree to keep said information in the strictest confidence. Furthermore, I will not use such information for purposes other than legitimate Special Olympics activities, nor will I use such information for or to the detriment of the individual or Special Olympics.

CONTINUED ON PAGE 3



SPECIAL OLYMPICS FLORIDA
UNIFIED SPORTS® PARTNER REGISTRATION FORM – Version 1.12

PAGE 3

I understand that as a Unified Partner 15 years of age or older, I cannot commence my participation until I have successfully completed the Special Olympics’ Protective Behaviors training (found on-line at www.specialolympics.org/protectivebehaviors). I acknowledge that if I am under 15 years of age, I am not required to take the training, but may, if I so choose and I understand that a parent or guardian should be present while I take said training. I understand that I must take the Protective Behaviors training upon reaching 15 years of age.

CODE OF CONDUCT

- I will respect the rights, dignity and worth of athletes, coaches, other volunteers, friends and spectators in Special Olympics.
- I will treat everyone equally regardless of sex, ethnic origin, religion or ability.
- I will dress and act at all times in a manner which will be appropriate to my assigned responsibilities and a credit to myself, the athletes and Special Olympics Florida.
- I will display control, respect, dignity and professionalism to all involved including athletes, coaches, opponents, officials, administrators, parents, spectators and media. Profanity and taunting are subject to immediate ejection.
- I will provide for the general welfare, health, and safety of any Special Olympics Florida athlete(s) in my charge during the course of my assigned duties.
- I will respect the property of hotels, dormitories, schools, athletic, recreational and dining facilities.
- I will report any emergencies to the appropriate authorities after first taking immediate action to ensure the health and safety of the participants.
- I will not take part in the consumption of alcoholic beverages and/or controlled substances during any Special Olympics training or competition. Nor will I take part in smoking or chewing tobacco at any Special Olympics training or competition site except in designated areas.
- I will not engage in any type of inappropriate behavior, sexual activity, and/or verbal or physical abuse with Special Olympics athletes, staff, officials or other volunteers.
- I will abide by the Special Olympics policy on the prohibition of dating athletes.
- I will practice good sportsmanship. I will train regularly and obey by all laws and Special Olympics’ General Rules, Sports Rules and my Sports’ National Governing Body Rules. I will always try my best during training, divisioning and competitions. I will not “hold back” in preliminaries in order to advance to an easier final heat.

The Code of Conduct is designed to assist each Unified Partner in abiding by the philosophy of SOFL and its mission. Any Unified Partner who does not follow this Code of Conduct can be prohibited from participation in Special Olympics. By signing this form and showing my photo identification I acknowledge that I have read the Code of Conduct and all releases and notifications and agree to adhere to said terms.

Unified Partner’s Signature: _____ **Date:** _____

Signature of Parent or Guardian if Partner is a Minor – Under 18 (form has been explained to minor by parent/guardian):

Date: _____

Print Full Name of Parent/Guardian: _____

Please fill out all pages of this form and submit to your local county program.
To find your local program, visit our website at www.specialolympicsflorida.org

For County Use Only:	I performed a photo ID check <input type="checkbox"/> Yes <input type="checkbox"/> No	Valid auto insurance shown? <input type="checkbox"/> Yes <input type="checkbox"/> No
Minors have provided requisite two (2) references: <input type="checkbox"/> Yes <input type="checkbox"/> No	Shirt size: S M L XL XXL XXXL	
Signature of County Coordinator/Volunteer Director:		Date:



PAGE 4

REFERENCES FOR MINORS (APPLICANTS UNDER AGE 18)

Please provide two personal/professional references using the following form. Each reference must be provided by an individual who is:

- not your legal guardian
- not related to you, and
- at least 18 years old.

Reference #1

By signing below, I confirm the following:

1. I know _____ (“Applicant”) in either a personal or professional capacity;
Print Name of Unified Partner Applicant
2. I am at least 18 years of age and am not a legal guardian or relative of Applicant;
3. I am not aware of any reason that Applicant should not be permitted to volunteer on behalf of or participate in Special Olympics, and
4. I do not possess any information that would cause me to believe Applicant would pose any undue risk to Special Olympics athletes or others who participate in Special Olympics.

Signed: _____ Printed Name: _____

Date: _____ Relationship to Applicant: _____

Organization/Institution: _____

Reference #2

By signing below, I confirm the following:

1. I know _____ (“Applicant”) in either a personal or professional capacity;
Print Name of Unified Partner Applicant
2. I am at least 18 years of age and am not a legal guardian or relative of Applicant;
3. I am not aware of any reason that Applicant should not be permitted to volunteer on behalf of or participate in Special Olympics, and
4. I do not possess any information that would cause me to believe Applicant would pose any undue risk to Special Olympics athletes or others who participate in Special Olympics.

Signed: _____ Printed Name: _____

Date: _____ Relationship to Applicant: _____

Organization/Institution: _____