



## Athlete Profile – London

Name		SOO Number	
Address			
		Postal Code	
Phone		Male	Female
Date of Birth	Month	Day	Year
E Mail Address			
Living Arrangement – Please Check			
Parental Home	Group Home	Apartment Living	Foster Home

### Emergency Contact:

Name	
Relationship to Athlete	
Address	
Home Phone	Work Phone
Cell Phone	Email

Does the athlete attend School	Yes	No
School / Worksite	Phone	
Can your photograph be used for media purposes as mentioned on the SOO Registration Form?	Yes	No

### Health History

Allergies	Yes	No
List		
Medications	Yes	No
List		

\*\*Please ensure all medications are packaged, clearly labelled and indicate daily dosage with instructions when athlete is at a sporting event. Please ensure athlete has health card number with them at events.\*\*

Does the athlete have Down Syndrome	Yes	No
If yes, indicate date and result of X-ray for Atlanto-Axial Instability:		
Month	Day	Year
<b>Result</b> Please Check	Positive	Negative

<b>Disability</b> Intellectual Disability	<b>Please Provide Details</b>		
OTHER i.e. <input type="checkbox"/> Mental Health <input type="checkbox"/> Learning Disabilities	<b>Please Provide Details</b>		
Physical Concerns	<b>Please Provide Details</b>		
<b>SUPERVISION:</b> Does the athlete require Support Staff?			
	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No
Yes	No		

Does the athlete exhibit any behavioural concerns that we need to be aware of?	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No
Yes	No		
If yes, suggested interventions?			

Does the athlete need supervision and/or support with spending money?	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No
Yes	No		
If yes, please explain:			

Special Olympics Ontario is committed to protecting the privacy of our athletes. Please be advised the information on this profile may be used for emergency purposes when an athlete competes at a sporting event and may be shared with Community Living London for such purposes as needed. The mailing information will be used to communicate with the athlete, but will not be shared with any other organization.

Signature of Athlete / Guardian	
Print Name	
Signature of Witness	
Print name	
Date	