



ATHLETE PROFILE

ATHLETE PROFILE - LONDON

LAST NAME FIRST NAME SOO #

ADDRESS CITY/TOWN

POSTAL CODE HOME PHONE # CELL PHONE #

EMAIL ADDRESS

DATE OF BIRTH (mm/dd/yyyy) GENDER MALE FEMALE

DOES THE ATHLETE ATTEND SCHOOL? YES NO

NAME OF SCHOOL

NAME OF EMPLOYER (IF APPLICABLE)

LIVING ARRANGEMENTS (check one) PARENTAL HOME GROUP HOME INDEPENDENT SUPPORTED INDEPENDENT LIVING CAREGIVER/GUARDIAN OTHER (please specify): NON-PARENTAL FAMILY

BEST CONTACT INFORMATION

BEST CONTACT PERSON RELATIONSHIP

EMAIL ADDRESS PHONE #

NOTE: Special Olympics Ontario/London may communicate via email for program updates and cancellations, newsletters, ticket giveaways and general information. Please provide the best email address to be used for this purpose.

EMERGENCY CONTACT RELATIONSHIP

EMERGENCY PHONE # ALTERNATE PHONE #

MEDIA

YES, I allow photos to be taken of me at various competitions and events, and I allow them to be used in Special Olympics publications.

NO, I do not allow photos to be taken of me at program, competitions and events, and I do not allow them to be used in Special Olympics publications. NB: Athletes advancing to Provincial Games or higher, must be allowed to be photographed.

ATHLETE'S NAME _____

ALLERGIES

YES

NO

IF YES, PLEASE DESCRIBE:

DIETARY CONCERNS

YES

NO

IF YES, PLEASE DESCRIBE:

MEDICATION REQUIREMENTS

THE ATHLETE REQUIRES NO MEDICATION (check if applicable)

HOW IS THE MEDICATION ADMINISTERED?

SELF

SUPERVISED

NEEDS ASSISTANCE

MEDICATION _____ DOSAGE _____ TIME(s) _____

MEDICATION _____ DOSAGE _____ TIME(s) _____

MEDICATION _____ DOSAGE _____ TIME(s) _____

MEDICATION _____ DOSAGE _____ TIME(s) _____

NOTE: All medications must be packaged/clearly labelled and indicate dosage with instructions when the athlete is attending a sporting event. Ensure the athlete has their health card number with them at every event.

HEALTH HISTORY

DOWN SYNDROME	BRAIN INJURY	SEIZURES	DIABETIC
DATE OF LAST ATLANTOAXIAL DISLOCATION X-RAY: _____ (dd/mm/yyyy)	DATE OF INJURY: _____ (dd/mm/yyyy)	CONTROLLED BY MEDICATION	TYPE:
X-RAY RESULT: NEGATIVE POSITIVE If positive, you must complete an Atlantoaxial Instability Release Form.	AGE WHEN INJURY OCCURRED:	FREQUENCY:	INJECTION SCHEDULE:
		SEIZURE TYPE:	
		REGULAR DURATION:	

ATHLETE'S NAME _____

<p>INTELLECTUAL DISABILITY (**ALL SPECIAL OLYMPICS ATHLETES MUST HAVE AN INTELLECTUAL DISABILITY):</p> <p>IS/WAS THE ATHLETE ON AN IEP? YES NO</p>	<p>PLEASE PROVIDE DETAILS:</p>
<p>OTHER (SPECIFY):</p>	<p>PLEASE PROVIDE DETAILS:</p>
<p>PHYSICAL CONCERNS:</p>	<p>PLEASE PROVIDE DETAILS:</p>

SUPERVISION

WHAT KIND OF ASSISTANCE DOES THE ATHLETE REQUIRE AT OUR PROGRAMS/EVENTS?

NONE - *Independent*

MINIMAL

Athlete can follow instructions given and can cope with being out of their usual environment, working with individuals who are unfamiliar.

CONSTANT SUPERVISION/ONE TO ONE SUPPORT

Athlete has one or more of the following: unable to consistently follow directions given, requires assistance with personal care, tendency to run, behaviour outbursts, unable to cope outside of usual environment.

NOTE: Special Olympics Ontario/London programs are run by volunteers. We do not provide one-to-one support before, during and/or after a Special Olympics program. Individual sport programs will have a volunteer-to-athlete ratio of: winter sports 1:3, summer sports 1:4 while team sports will have a ratio of 1:5. If it is determined by our coaches that an athlete requires constant supervision or one to one support, the athlete's guardian/caregiver will be responsible to arrange having a support person assist the athlete at the program.

<p>HOW DOES THE ATHLETE ADAPT TO NEW SITUATIONS?</p>	<p>PLEASE SHARE ANY BEHAVIOURAL ISSUES THAT WILL HELP US BETTER SERVE YOUR ATHLETE'S NEEDS:</p>	<p>EFFECTIVE BEHAVIOURAL TECHNIQUES:</p>
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ATHLETE'S NAME _____

DOES THE ATHLETE NEED SUPERVISION AND/OR SUPPORT WITH SPENDING MONEY?

YES

NO

IF YES, PLEASE EXPLAIN:

SIGNATURE

Special Olympics Ontario/London is committed to protecting the privacy of our athletes. Please be advised that 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 or Guardian	_____ Print Name
_____ Date	

_____ Signature of Witness	_____ Print Witness Name
_____ Date	