CLASS A VOLUNTEER
& UNIFIED PARTNER REGISTRATION

Special Olympics Vermont

Registration Type (mark two or more): ☐ New ☐ Re-Registering ☐ Volunteer ☐ Unified Partner

☐ HOD/Coordinator ☐ Coach ☐ Money Handling ☐ Transportation/Driver ☐ Chaperone

Community Program / School Program Name: ______________________________

VOLUNTEER / UNIFIED PARTNER INFORMATION		
First Name:	**Last Name:**	
Date of Birth (mm/dd/yyyy):	☐ Female ☐ Male	
Address:		
City:	**State:**	**Postal Code:**
Phone:	**E-mail:**	
Check one or both ☐ PARENT / GUARDIAN INFORMATION	☐ EMERGENCY CONTACT INFORMATION	
Name:	**Relationship:**	
Address:		☐ Same as above
City:	**State:**	**Postal Code:**
Phone:	**E-mail:**	

BACKGROUND INFORMATION (only required for participants 16 years and older)	
Do you use illegal drugs?	☐Yes ☐ No
Have you ever been convicted of a criminal offense?	☐Yes ☐ No
Have you ever been charged with and/or convicted of neglect, abuse or assault?	☐Yes ☐ No
Has your driver's license ever been suspended or revoked in any jurisdiction?	☐Yes ☐ No
If you answered "yes" to any of the questions, please provide details:	

HEALTH INFORMATION	****Health information is collected in case of emergency. Each participant is responsible for determining if the participant is physically able to participate.**	
Please mark if you have any of the following conditions and provide details:		
☐ Special Dietary Needs:	☐ Allergies:	☐ Assistive or Implantable Devices:
☐ High Blood Pressure:	☐ Heart Condition:	☐ Asthma or Respiratory Condition:
☐ Mental Health Condition:	☐ Epilepsy or Seizure Disorder:	☐ Neurological Condition:
☐ Diabetes:	☐ Sickle Cell Anemia/Trait:	☐ Chronic Infection:
☐ Missing Organ (e.g., spleen, kidney):	☐ Other Health Information:	
Please List Medications:		

INFORMATION NEEDED TO PERFORM BACKGROUND CHECK (only required for participants 18 years and older)

Special Olympics will not keep your Social Security number and driver's license number submitted on this form.
This part of the form will be detached and destroyed after your background check is completed.

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Social Security Number:	
Driver's License Number (If Applicable):	**Issuing State:**

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Special Olympics Vermont

I agree to the following:

1. **Ability to Participate.** I am physically able to take part in Special Olympics activities.
2. **Likeness Release.** I give permission to Special Olympics, Inc., Special Olympics games/local organizing committees, and Special Olympics accredited Programs (collectively "Special Olympics") and Special Olympics partners and sponsors to use my likeness, photo, video, name, voice, words, and biographical information to promote Special Olympics, raise funds for Special Olympics, and acknowledge partners' and sponsors' support for Special Olympics.
3. **Risk of Concussion and Other Injury.** I know there is a risk of injury. I understand the risk of continuing to participate with or after a concussion or other injury. I may have to get medical care if I have a suspected concussion or other injury. I also may have to wait 7 days or more and get permission from a doctor before I start playing sports again.
4. **Emergency Care.** If I am unable, or my guardian is unavailable, to consent or make medical decisions in an emergency, I authorize Special Olympics to seek medical care on my behalf.
5. **Health Programs.** If I take part in a health program as a participant, I consent to health activities, screenings, and treatment. This should not replace regular health care. I can say no to treatment or anything else at any time.
6. **Personal Information.** I understand that Special Olympics will be collecting my personal information as part of my participation, including my name, image, address, telephone number, health information, and other personally identifying and health related information I provide to Special Olympics ("personal information").
   - I agree and consent to Special Olympics:
     - using my personal information in order to: make sure I am eligible and can participate safely; run trainings and events; share competition results (including on the Web and in news media); provide health treatment if I participate in a health program; analyze data for the purposes of improving programming and identifying and responding to the needs of Special Olympics participants; perform computer operations, quality assurance, testing, and other related activities; and provide event-related services.
     - using my personal information and creating a profile of me for communications and marketing purposes, including direct digital marketing through email, text message, social media, and other channels.
     - sharing my personal information with (i) researchers, business partners, public health agencies, and other organizations that are studying intellectual disabilities and the impact of Special Olympics activities, (ii) medical professionals in an emergency, and (iii) government authorities for the purpose of assisting me with any visas required for international travel to Special Olympics events and for any other purpose necessary to protect public safety, respond to government requests, and report information as required by law.
   - I understand Special Olympics is a global organization with headquarters in the United States of America. I acknowledge that my personal information may be stored and processed in countries outside my country of residence, including the United States. Such countries may not have the same level of personal data protection as my country of residence, and I agree that the laws of the United States will govern your processing of my personal information as provided in this consent.
   - I have the right to ask to see my personal information or to be informed about the personal information that is processed about me. I have the right to ask to correct and delete my personal information, and to restrict the processing of my personal information if it is inconsistent with this consent.
   - *Privacy Policy.* Personal information may be used and shared consistent with this form and as further explained in the Special Olympics privacy policy at www.SpecialOlympics.org/Privacy-Policy.aspx.
7. **Background Check Authorization. [APPLIES TO ADULTS ONLY]** I authorize Special Olympics to conduct a background check on me. This background check may be done through a third party. The background check may include an inquiry into my employment, education, driving, and/or criminal history. I understand that Special Olympics may rely on information provided or discovered to determine whether I may participate in Special Olympics activities. By signing below, I authorize investigators to conduct a background check as described in this form. I further authorize any third parties or agencies who may be in possession of the requested information, to disclose such information in connection with this background check.
8. **Waiver and Liability Release.** I understand the risks involved with participation in Special Olympics activities. I fully accept and assume all such risks and all responsibility for losses, costs, and damages I may incur as a result of my participation. I hereby release and agree not to sue any Special Olympics organization, its directors, agents, volunteers, and employees, and other participants ("Releasees") related to any liabilities, claims, or losses on my account caused or alleged to be caused in whole or in part by the Releasees. I further agree that if, despite this release, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify and hold harmless each of the Releasees from any such liabilities, claims, or losses as the result of such claim. I agree that if any part of this form is held to be invalid, the other parts shall continue in full force and effect.

VOLUNTEER / UNIFIED PARTNER SIGNATURE (required for adult with capacity to sign legal documents)	
I have read and understand this form. If I have questions, I will ask. By signing, I agree to this form.	
Volunteer/Unified Partner Signature:	**Date:**
PARENT / GUARDIAN SIGNATURE (required for participant who is a minor or lacks capacity to sign legal documents)	
I am a parent or guardian of the participant. I have read and understand this form and have explained the contents to the participant as appropriate. By signing, I agree to this form on my own behalf and on behalf of the participant.	
Parent/Guardian Signature:	**Date:**
Printed Name:	**Relationship:**

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