

Athlete name: _____

GMST and GAP INFORMATION UPDATE

I, the undersigned, certify that all information contained in this registration form is accurate and complete to the best of my knowledge. GAP and GMST have my permission to share this information with Coaches, Coordinators, Team Parents, Chaperons, and the GMST and GAP Advisory Boards. I will provide GAP and GMST with any new information that affects the athlete's experience at GAP and GMST. This update includes name and address, contact information of all related parties, medical information, list of prescribed medicines, allergies, and other health conditions.

INSURANCE

I, the undersigned, understand that medical expenses and insurance, which could cover an athlete's medical, hospital or related expenses in the event of injury, are my responsibility. GAP and GMST have purchased accidental medical coverage with a maximum benefit of \$25,000 and a \$500 deductible. SOGA provides limited secondary insurance if the athlete has a current medical on file with Special Olympics GA and is attending a Special Olympics sanctioned event.

LIABILITY RELEASE

I, the undersigned, understand that occasionally accidents occur to, from, and during sports practice, tournaments or state games and that my athlete may sustain serious personal injury or property damages as a consequence thereof. Knowing the risks of sports activities, nevertheless, I agree to assume those risks and by signing this liability release, I intend to legally bind myself, my athlete, my heirs, executors, and administrators. I hereby release and forever discharge, Gwinnett Masters Special Teams and Greater Atlanta Pathways and any of their officers, directors, partners, shareholders, servants, staff or agents and assigns from and against all claims, causes of action, damages, losses and/or expenses arising out of or relating to any injury, illness, or loss of any kind, known or unknown, including but not limited to injuries to property or person, to my athlete during or related to my athletes participation or attendance at GMST Sports or GAP Program activities.

VIDEO AND PHOTOGRAPHS

I, the undersigned, understand that video and photographs may be taken of athletes. I give permission for the video/photographs to be used for GMST and GAP publicity and promotions including the GMST and GAP websites. Athletes may be identified by first name and last initial.

TRAINING SESSIONS, EQUIPMENT AND UNIFORMS

I, the undersigned, permit the athlete named above to attend training sessions. Athletes are expected to attend 80% of the training sessions, and attendance may impact competition participation. I will contact the coach when he is not able to attend. I will promptly pick up the athlete at the completion of practices and competitions. Athletes must return all GMST equipment and uniforms in good condition at the end of the season or pay the replacement cost.

Parent/Guardian/Caregiver signature

Date

Athlete's signature

Date

Athlete's Name: _____

GAP, GMST and Special Olympics Athlete's Code of Conduct

Please read and explain to your athlete the rules and exceptions listed on the Athlete Code of Conduct section. GMST is committed to the highest ideals of sports and expects all athletes to honor sports and Special Olympics. All GMST athletes and Unified Sports partners agree to the following code:

Sportsmanship

I will practice good sportsmanship.

I will act in ways that bring respect to me, my coaches, my team, and Special Olympics.

I will not use bad language.

I will not swear or insult other people.

I will not fight with other athletes, coaches, volunteers, or staff.

Training and Competition

I will train regularly and attend as many practices as I can.

I will let my coach know when I will not be at practice.

I will learn and follow the rules of my sport.

I will listen to my coaches and the officials and ask questions when I do not understand.

I will always try my best during training, divisioning, and competitions.

I will not "hold back" in preliminaries just to get into an easier final heat.

Responsibility for My Actions

I will not make inappropriate physical, verbal, or sexual advances on others.

I will obey curfews at state games and not leave my chaperone or room without notification.

I will not drink alcohol, smoke, or take illegal drugs while representing GMST.

I will not take drugs for the purpose of improving my performance.

I will not bring any weapons to any Special Olympics or GMST activity.

I will obey all laws and Special Olympics and GMST rules.

Every attempt will be made to have GMST be a place where special needs young adults can thrive together. However, GMST reserves the right to deny participation to any individual whose behavior proves them to be a danger to others or themselves and/or negatively interferes with the other Athletes' experiences. Infractions will be handled according to the **GMST Disciplinary Policy** based on levels of severity, from issuing a warning to summoning law enforcement, if necessary. I understand that if I do not obey this Code of Conduct my Program or a Games Organizing Committee may not allow me to participate. Failure to do so may result in being suspended or dismissed from Area 18 GMST.

Parent/Guardian/Caregiver signature

Date

Athlete's signature

Date

Athlete's Name: _____

MEDICAL INFORMATION (please print) Add additional sheets if necessary.
Please check here if you have added additional sheets.

Describe the Athlete's Challenges _____

Are there any medical conditions? (allergies, diabetes, asthma, heart, etc.) Circle and list others:

Is there a history of seizures? (Yes/No) Frequency _____ Seizure Triggers _____
Type (mild, minor, major) _____ Describe seizure protocol _____

Does the athlete take medications on a regular basis? (Yes/No) If possible, attach list of medications.

List any special assistance or dietary needs _____

Other pertinent medical information or limitations _____

When traveling, we try to house everyone in a ratio of 3 athletes per chaperone. What special information should your athlete's chaperone know during evening and sleep hours?

Medical Care – I, the undersigned, authorize a representative of GAP or GMST to secure medical care for the above named athlete in case of emergency. I understand 911 may be called and that I will be held responsible for the payment of any medical expenses.

Insurance Provider: _____ Name of Insured: _____

Policy Number: _____ Group Number: _____

I, the undersigned, give permission for GAP or GMST (paid staff/volunteers) to administer basic first aid for minor medical issues. This may include, but is not limited to, band aids, antibiotic cream, ice packs, etc. Please check the appropriate box if your athlete may be given Tylenol Ibuprofen and/or antacids . Please add any other non-prescription remedies _____.

Parent/Guardian/Caregiver signature

Date

Athlete's signature

Date

Date _____

PARENT/LEGAL GUARDIAN/CAREGIVER INFORMATION

Enter name in appropriate space ➡	(Circle appropriate categories) Parent/Legal Guardian/Caregiver	(Circle appropriate categories) Parent/Legal Guardian/Caregiver
	_____	_____
Cell Phone		
Home Phone		
Work Phone		
E-mail Address		
Home Address		

ATHLETE INFORMATION

Athlete's Name _____ Male/Female (circle one)

Athlete Address _____ Birth Date ____/____/____
MM/DD/YYYY

City _____ State _____ Zip Code _____

Athlete Phone _____

Athlete E-mail _____

Emergency Contact (This contact should be different than Parent/Guardian or Caregiver)

Name: _____ Relationship _____

Home Phone _____ Cell Phone _____

Work Phone _____