

# ATHLETE & UNIFIED PARTNER REGISTRATION FORM

Special Olympics



\* (Asterisks) indicate mandatory fields for registration completion.

PERSONAL INFORMATION	
<b>*Given/First Name:</b> Please use the same name as your passport	<b>*Middle Name:</b> If you have a middle name on your passport, you must fill this out.
<b>*Family/Last Name:</b> Please use the same name as your passport	<b>*Date of Birth:</b>
<b>*Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X <input type="checkbox"/> Prefer Not to Say Please check box	
<b>*Email:</b>	
<b>*Phone Country Code: +</b> Example: +23	<b>*Phone:</b> Example: 123 456 78 90
<b>*Delegation:</b>	<b>*Role:</b>
<input type="checkbox"/> Credential Photo is attached	
<b>*Country of Residence:</b>	<b>*State/Region of Residence:</b>
<b>*City of Residence:</b>	<b>*Street Address:</b>
Postal Code of Residence (Optional):	House/Building (Optional):
<b>*City of Birth:</b>	<b>*Country of Birth:</b>
Native Language (Optional):	
<b>*Preferred Official SO Language:</b> Please choose of the following Spanish, English, French, Chinese, Russian, or Arabic.	
PARENT / GUARDIAN INFORMATION (required if minor or otherwise has a legal guardian)	
<b>*Parent/Guardian Given/First Name:</b>	
<b>*Parent/Guardian Family/Last Name:</b>	
<b>*Parent/Guardian Phone Country Code: +</b> Example: +23	<b>*Parent/Guardian Phone:</b> Example: 123 456 78 90
<b>*Parent/Guardian Relationship:</b> Example: Guardian, Mother, etc.	
<b>*Parent/Guardian Country:</b>	<b>*Parent/Guardian Province/State:</b>
<b>*Parent/Guardian City:</b>	<b>*Parent/Guardian Street Address:</b>
Parent/Guardian House/Building (Optional):	Parent/Guardian Postal Code (Optional):
EMERGENCY CONTACT INFORMATION	

<input type="checkbox"/> Is this person your guardian?		
*Given/First Name:		
*Family/Last Name:		
*Phone Country Code: + Example: +23	*Phone: Example: 123 456 78 90	
*Email:		
*Relationship:		
<b>PASSPORT INFORMATION</b>		
<input type="checkbox"/> Scanned Copy of the Passport ID Page		
*Citizenship:	*Country of Birth:	*City of Birth:
*City where you will apply for a visa:		
*Passport Number:		
*Issue Date:	*Expiry Date:	
*Country of Passport:		
*Passport Issuing Authority: e.g. Regional Passport Office, the Ministry of Foreign Affairs, Department of State, etc.		
<b>VISA INFORMATION</b>		
*City where you will apply for a Visa: Please enter N/A if your country of residence is included in the list of visa free countries, found in section 6.4.3 in the Delegation Registration Handbook.		

<b>MEDICAL INFORMATION</b>
Please see the Medical Form for Medical Questions in Registration. Medical Forms must be signed by a doctor and reviewed by the Medical Staff of the Delegation.

<b>COVID-19 SUPPLEMENTAL INFORMATION</b>
Please see the COVID-19 Supplemental Form for Medical Questions in Registration. Medical Forms must be signed by a doctor and reviewed by the Medical Staff of the Delegation.

<b>SPORT &amp; EVENTS INFORMATION</b>	
*Sport:	*Category:
*Event: Example: Novice Slalom, Unified Team Competition	
*Team Name (if applicable): A team name must be in the official format, for example, SO Norway 1	

\*Time/Score (if applicable):

### TRAVEL INFORMATION

Copy of the confirmed ticket or invoice

Number of Suitcases/Luggage:

Number of Sports Equipment:

Number of Individuals using Mobility Assistance Devices:

### ARRIVAL – TRANSIT THROUGH MOSCOW

Will your flight include transit through Moscow?  Yes  No

\*Method of Arrival:  Air  Train  No Transfer Required

\*Departing City

\*Departing Country:

\*Arrival Flight/Train Number:

\*Arrival Date:

\*Arrival Time:

\*Airport of Arrival:

### ARRIVAL TO KAZAN

\*Method of Arrival:  Air  Train  No Transfer Required

\*Departing City

\*Departing Country:

\*Flight/Train Reservation Number:

\*Arrival Flight/Train Number:

\*Arrival Date:

\*Arrival Time:

\*Airport/Railway Station of Arrival:

### DEPARTURE – TRANSIT THROUGH MOSCOW

Will your flight include transit through Moscow?  Yes  No

\*Method of Departure:  Air  Train  No Transfer Required

\*Departing City

\*Departing Country:

Arrival Flight/Train Number:

\*Arrival Date:

\*Arrival Time:

\*Airport of Arrival:

### DEPARTURE FROM KAZAN

*Method of Departure: <input type="checkbox"/> Air <input type="checkbox"/> Train <input type="checkbox"/> No Transfer Required	
*Departing City	
*Departing Country:	
*Departing Flight/Train Number:	
*Departure Date:	*Departure Time:
*Airport/Railway Station of Departure:	

<b>ACCOMMODATION</b>
You will only have one option depending on the sport you choose.

<b>BIO INFORMATION</b>
*How many years have you been competing in Special Olympics?
What Special Olympics World Games have you participated in?
What are you most looking forward to at the Games?
Why is Special Olympics important to you?

<b>FORMS</b>
<input type="checkbox"/> Release Form
<input type="checkbox"/> Likeness Release Form