

# ATHLETE & UNIFIED PARTNER REGISTRATION FORM

Special Olympics



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

PERSONAL INFORMATION	
*Given/First Name: <b>Vorname</b> Please use the same name as your passport	*Middle Name: <b>Andere Namen (wie im Pass)</b> If you have a middle name on your passport, you must fill this out.
*Family/Last Name: <b>Name</b> Please use the same name as your passport	*Date of Birth: <b>xx.yy.zzzz</b>
*Gender: <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X <input type="checkbox"/> Prefer Not to Say Please check box	
*Email: <b>Pflichtfeld: Email des Athleten, Email der Familie oder Email vom Coach</b>	
*Phone Country Code: + <b>+41</b> Example: +23	*Phone: <b>Nr. vom Athlet od. Coach</b> Example: 123 456 78 90
*Delegation: <b>Switzerland</b>	*Role: <b>Athlete</b>
<input checked="" type="checkbox"/> Credential Photo is attached	
*Country of Residence: <b>Switzerland</b>	*State/Region of Residence: -
*City of Residence: <b>XXXXXX</b>	*Street Address: <b>XXX</b>
Postal Code of Residence (Optional): <b>XXX</b>	House/Building (Optional): <b>XXX</b>
*City of Birth: <b>XXX</b>	*Country of Birth: <b>XXX</b>
Native Language (Optional): <b>Zum Beispiel: Swiss German, French, Italian od. anders</b>	
*Preferred Official SO Language: Please choose of the following Spanish, English, French, Chinese, Russian, or Arabic. <b>English oder French</b>	
PARENT / GUARDIAN INFORMATION (required if minor or otherwise has a legal guardian)	
*Parent/Guardian Given/First Name: <b>Dieser Teil muss nur für minderjährige ausgefüllt werden</b>	
*Parent/Guardian Family/Last Name:	
*Parent/Guardian Phone Country Code: + Example: +23	*Parent/Guardian Phone: Example: 123 456 78 90
*Parent/Guardian Relationship: Example: Guardian, Mother, etc.	
*Parent/Guardian Country:	*Parent/Guardian Province/State:
*Parent/Guardian City:	*Parent/Guardian Street Address:
Parent/Guardian House/Building (Optional):	Parent/Guardian Postal Code (Optional):
EMERGENCY CONTACT INFORMATION	

<input type="checkbox"/> Is this person your guardian?		
<b>*Given/First Name:</b> Für alle Delegationsmitglieder ausfüllen		
<b>*Family/Last Name:</b>		
<b>*Phone Country Code: +</b> Example: +23	<b>*Phone:</b> Example: 123 456 78 90	
<b>*Email:</b>		
<b>*Relationship:</b>		
<b>PASSPORT INFORMATION</b>		
<input checked="" type="checkbox"/> Scanned Copy of the Passport ID Page		
<b>*Citizenship:</b> Swiss od. anders	<b>*Country of Birth:</b>	<b>*City of Birth:</b>
<b>*City where you will apply for a visa:</b> Bern, Switzerland		
<b>*Passport Number:</b> XXXXX		
<b>*Issue Date:</b> XXXXX	<b>*Expiry Date:</b> ACHTUNG!!!!	
<b>*Country of Passport:</b> Wenn Pass abläuft, dann sofort 1 neu bestellen		
<b>*Passport Issuing Authority:</b> e.g. Regional Passport Office, the Ministry of Foreign Affairs, Department of State, etc.		<b>Siehe Pass: 9 Behörde</b>
<b>VISA INFORMATION</b>		
<b>*City where you will apply for a Visa:</b> Bern, Switzerland 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>	
<b>*Sport:</b> Alpine Skiing / Cross Country Skiing / Snowboarding / Snowshoeing / Floorball	<b>*Category:</b> AS+CC+SB+SN: Category 1-2-3 / FL: Team Competition
<b>*Event:</b> Example: Novice Slalom, Unified Team Competition <small>AS+SB: Intermediate: slalom, giant slalom, super g / CC+SN: 500m + 2.5km Freestyle + 4x100m relay / FL: Team Competition - Male</small>	
<b>*Team Name (if applicable):</b> A team name must be in the official format, for example, SO Norway 1	<b>CC+SN: SO Switzerland 1,2,3 / FL: SO Switzerland</b>

\*Time/Score (if applicable): keine Angabe

### TRAVEL INFORMATION

Copy of the confirmed ticket or invoice

Number of Suitcases/Luggage: 1 (das gilt für alle)

Number of Sports Equipment: leer lassen

Number of Individuals using Mobility Assistance Devices:

**ARRIVAL – TRANSIT THROUGH MOSCOW** Dieser Teil soll im Moment noch leer sein.

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>Sport angeben</b>

<b>BIO INFORMATION</b>
*How many years have you been competing in Special Olympics? <b>Anzahl Jahren angeben</b>
What Special Olympics World Games have you participated in? <b>Angeben, falls bereits an WG teilgenommen</b>
What are you most looking forward to at the Games? <b>Freier Text</b>
Why is Special Olympics important to you? <b>Freier Text</b>

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