

**CLASS-A STEPS IN ORDER:**

- 1. TURN IN CLASS A FORM AND COVID WAIVER** THROUGH MAIL OR FAX (LISTED BELOW)
- 2. COMPLETE VOLUNTEER ORIENTATION, PROTECTIVE BEHAVIORS, AND CDC "HEADS UP" CONCUSSION TRAININGS.** (\*IF A COACH/ASST. COACH, YOU MUST ALSO COMPLETE THE SPORT CERTIFICATION FOR YOUR SPECIFIC SPORT) LOCATED AT <https://soky.org/coachcertification/>
- 3. OPEN <https://app.sterlingvolunteers.com/>** AND CREATE AN ACCOUNT
- 4. AFTER YOU HAVE CREATED AN ACCOUNT, USE CODE 822phj1** UNDER "GOOD DEED CODE" OPTION. THEN COMPLETE THE INFORMATION NEEDED TO ORDER YOUR CHECK.

**YOU CANNOT BE CLASS-A AT A SOKY EVENT WITHOUT A BACKGROUND CHECK**

- 5. YOU WILL THEN AFTER 3-4 BUSINESS DAYS, PENDING YOUR BACKGROUND CHECK, RECEIVE AN EMAIL FROM [JAMIS@SOKY.ORG](mailto:JAMIS@SOKY.ORG)** LETTING YOU KNOW THAT YOU ARE APPROVED TO BE A CLASS-A WITH SOKY!

**IF YOU DO NOT COMPLETE ALL THESE STEPS, YOU CANNOT BE CLASS A WITH SOKY.**

**THIS MEANS NO COACHING, DRIVING, UNIFIED PARTNER, OR BEING INVOLVED WITH ATHLETES IN A ONE-ON-ONE MANNER.**

**THIS IS FOR THE SAFETY OF YOU AND OUR ATHLETES.**

If you have any questions, please contact [jamis@soky.org](mailto:jamis@soky.org) for more information

# CLASS A & UNIFIED PARTNER Application



## Part 1 – Program Relationship:

### Application Request Type (Check One)

First Time Applicant     Renewal Applicant

### Role Applying For:

Driver     Unified Partner     Family Member     Head of Delegation     Coach     Medical     Board member

## Part 2 – General Information:

### VOLUNTEER / UNIFIED PARTNER INFORMATION

First Name:		Last Name:	
Date of Birth (mm/dd/yyyy):		Preferred Name:	
Address:	City:	State:	Zip Code:
Phone:	County of Participation:		
E-mail:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other (Specify)		

### EMERGENCY CONTACT INFORMATION

Name:	Relationship:	Phone:
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### PARENT / GUARDIAN INFORMATION (required if minor or otherwise has a legal guardian)

Name:	Relationship:	
<input type="checkbox"/> Same as contact information above		
Address:		
City:	State:	Zip Code:
Phone:	E-mail:	

### Race/Ethnicity:

American Indian/Alaskan Native     Asian     Middle Eastern or North African  
 Black or African American     Native Hawaiian or Other Pacific Islander  
 White     Hispanic or Latino (specific origin group: \_\_\_\_\_)     Two or More Races

Language(s) (Optional): Mark all that apply

English     Spanish     Other (please list):

## Part 3 – Background and Health Information:

### 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:

**TO TURN IN THIS FORM YOU MUST ALSO TURN IN A COPY OF YOUR DRIVERS LICENSE, AND A COPY OF THE COVID WAIVER (LISTED BELOW).**

# CLASS A VOLUNTEER & UNIFIED PARTNER REGISTRATION



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 Kentucky, 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 for communications and marketing purposes, including direct digital marketing through email, text message, and social media.
    - sharing my personal information with (i) researchers, such as universities and public health agencies, 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 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](http://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.

<b>Name:</b>	
<b>VOLUNTEER / UNIFIED PARTNER SIGNATURE</b> (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.	
<b>Volunteer/Unified Partner Signature:</b>	<b>Date:</b>
<b>PARENT / GUARDIAN SIGNATURE</b> (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.	
<b>Parent / Guardian Signature:</b>	<b>Date:</b>
<b>Printed Name:</b>	<b>Relationship:</b>

Those over 18 are required to complete the following with the application: Online Protective Behaviors Training, Online Concussion Training, and Online Volunteer Orientation. For those Under 18, only the Online Volunteer Orientation Training is required along with application. All of the items listed can be found at <http://soky.org/coachcertification/>.

**Mail Form & Driver's License copy to: SOKY, 105 Lakeview Court, Frankfort, KY 40601 or fax to 502-695-0496**

# COVID-19 Waiver & Release

Special Olympics  
Kentucky



## WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT FOR COMMUNICABLE DISEASES

In consideration of being allowed to participate in any way in Special Olympics sports training, competition or fundraising activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious and/or communicable diseases including but not limited to MRSA, influenza, and COVID-19. While rules, and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Special Olympics, Inc, Special Olympics Kentucky their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (“RELEASEES”), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

*Have you been fully vaccinated for COVID-19?*

Yes  No

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Name of Participant: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

### FOR PARTICIPANTS OF MINORITY AGE (Under age 18 at the time of registration)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE to the fullest extent provided by law.

Name of parent/guardian: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Parent guardian/signature: \_\_\_\_\_