

Special Olympics NB
411 St. Mary's St. Unit 103
Fredericton NB
E3A 8H4



REGION: _____

DATE: _____

REGISTRATION FORM

Please Check One:	New Volunteer	<input type="checkbox"/>	Returning Volunteer	<input type="checkbox"/>
	New Coach	<input type="checkbox"/>	Returning Coach	<input type="checkbox"/>

First Name _____ Middle Initial _____ Last Name _____

Address _____ Apt/Unit # _____

City _____ Province **NB** Postal Code _____

Home Phone Number () _____ Cell Number () _____

Email _____

Date of Birth _____
MM/DD/YY

Gender M ☐ F ☐

Medicare # _____ Expiry Date _____

Any Health Concerns? Allergies? _____

Emergency Contact: _____ Phone #: _____

Spoken Language(s): English ☐ French ☐ Other _____

Please fill in the sports you will be coaching this year.

Sport	Head Coach or Assistant Coach or Volunteer

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Certifications



First Aid Expiry (MM/DD/YY)

CPR Expiry (MM/DD/YY)

NCCP Number

Please include your Criminal Record Check letter with this form

NCCP Safe Sport? _____

Date taken: _____

SO Introduction to Competition Course? _____

Date Taken: _____

Release

If you are a new volunteer (over 18 years of age), an original copy of a Criminal Record Check must accompany this registration form to the Special Olympics NB Provincial Office.

I, the undersigned coach, volunteer, official, parent, or administrator, hereby release and discharge New Brunswick Special Olympics Society Inc. from all liability for injury to person or damage to property of myself. * As a participating volunteer, I am granting permission to Special Olympics Canada Inc. to use my likeness, voice and words, in television, radio, film, newspaper, magazines and other media, and in any form not heretofore described for the purpose of advertising, communicating and appealing for funds to support such activities. * I agree to abide by the Special Olympics Canada Inc. to make inquiries of others which may include background investigation to determine my suitability to act as a New Brunswick Special Olympics Society Inc Volunteer. * As a participating volunteer, I may be dealing with confidential information and I agree to keep such information in the strictest confidence. * The relationship between New Brunswick Special Olympics Society Inc. and volunteers in an "at will" arrangement and it may be terminated at any time without cause by either the volunteer or New Brunswick Special Olympics Society Inc. * Any and all references to Special Olympics Canada Inc include and apply to New Brunswick Special Olympics Society Inc.

* I affirm I have read and understood the above and the information I have given is true and complete.

Date _____

Signature _____

Please return form to your Regional Coordinator or send Directly to SONB.