



SPECIAL OLYMPICS
UNIFIED FOOTBALL
WORLD CUP
PARIS 2026

DELEGATION REGISTRATION HANDBOOK





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INTRODUCTION

Letter from Special Olympics International

To: Accredited Special Olympics Programs attending the Special Olympics Unified Football World Cup Paris 2026
From: Lou Lauria, Chief of Sport and Competition, Special Olympics International (SOI)
Date: 16 February 2026
Re: Competitor Selection for the Special Olympics Unified Football World Cup Paris 2026

Welcome to the registration process for the Special Olympics Unified Football World Cup Paris 2026! We're excited to have your Delegation participate.

This handbook includes all the information needed to collect details from your Delegation members. We strongly encourage you to begin gathering this information immediately. Please note: **the registration deadline is 8 May 2026**. No extensions will be granted.

All accredited Programs registering Delegations should closely follow **Section 13, "Criteria for Advancement of Higher-Level Competition,"** in **Special Olympics Sports Rules, Article 1**. For any questions about rules or policies, please contact your **Regional Sports Director**. We expect all Delegations to review the rules in advance. The rules are available at: <http://resources.specialolympics.org>.

Thank you to our competitors, local programs, regions, SO France, and the 2026 Local Organizing Committee for your ongoing dedication. We're here to support you throughout registration and look forward to an inspiring event that celebrates inclusion and acceptance.

Thank you very much,

A handwritten signature in black ink, appearing to be "L. Lauria".

Lou Lauria
Chief of Sport and Competition
Special Olympics, Inc.

cc Regional Presidents
Global Registration Team
Special Olympics Unified Football World Cup LOC



FACT SHEET

OVERVIEW

CATEGORY	DETAILS
EVENT	Special Olympics Unified Football World Cup
WHEN	5 – 11 July 2026
WHERE	Paris – Charlety Stadium, International University City of Paris

EVENT SCHEDULE

- **Arrival:** 1 day – 4 July
- **Training:** 2 days – 4 – 5 July
- **Competition:** 6 days – 5 – 11 July
- **Departure:** 1 day – 12 July

PARTICIPANTS

324
PLAYERS

48
COACHES

12
MEN'S TEAMS

12
WOMEN'S TEAM

500
FAMILIES

500
VOLUNTEERS

1.0 REGISTRATION TIMELINE

This Registration Handbook will guide you through the registration process for your Special Olympics Program Delegation.

MILESTONE	DEADLINE
Delegation Registration Opens	16 February 2026
Registration Deadline for all Delegation Members	8 May 2026
Travel Information	15 May 2026



2.0 REGISTRATION METHOD

2.1 General Information

The Delegation Registration Team is available to support you in the registration process. For general registration inquiries, including system-related questions or process clarification, SO Programs should contact delegationregistration@specialolympics.org, copying their assigned GRT members. **Please notify delegationregistration@specialolympics.org once registration is complete for data validation.** Please find [here](#) the **Global Registration Team (GRT) list** for the SOI Unified Football World Cup Paris 2026.

The size and composition of each delegation is defined by **Special Olympics International (SOI)** and follows the official Special Olympics Inc. Sport Rules. The following roles are included in a standard team, and the Delegation registration contact is responsible for registering all members of their Delegation:

MEN'S TEAM	NUMBER OF MEMBERS
Athletes	9
Unified Partners	7
Head of Delegation	1
Head Coach	1
Assistant Coach	1
Delegation Medical Staff	1
Additional Staff	<i>If applicable</i>
TOTAL MEN'S TEAM	20

Men's Unified Team (11 a-side), Age (Under 23years old) / Only athletes 23 years old or younger for the opening day of the cup.

WOMEN'S TEAM	NUMBER OF MEMBERS
Athletes	6
Unified Partners	5
Head of Delegation	1
Head Coach	1
Assistant Coach	1
Delegation Medical Staff	1
Additional Staff	<i>If applicable</i>
TOTAL WOMEN'S TEAM	15

Women's Unified Team (7 a-side), Age (Under 23years old) / Only athletes 23 years old or younger for the opening day of the cup.



The **Local Organizing Committee (LOC)** will cover **accommodation, meals, and local transportation** from **4 July (arrival date)** through **12 July (departure date)**, for **officially registered delegation members only**. Any additional days outside of this period or extra staff not officially registered will be at the delegation's own expense.

2.2 Delegation Staff

- **Athletes and Unified Partners:** athletes with intellectual disabilities and Unified partners competing together on the same team.
- **Head of Delegation:** one (1) Head of Delegation per team.
- **Coaches:** one (1) Head Coach and one (1) Assistant Coach per team.
- **Medical:** one (1) Medical Staff per team.

Additional role may be included depending on team size and needs:

- **Additional Staff (AS):** maximum of one (1) per team; subject to an additional fee.
→ The **Local Organizing Committee (LOC)** will provide all **relevant information** regarding **AS** (e.g. **fee, payment methods, deadline** etc.) in the **1st Delegation Newsletter**.

This fee includes **accommodation, on-site transportation and meals for delegations** during the event, from the official arrival day to the official departure day of the delegations.

PLEASE NOTE: Any requests for **Additional Staff (AS)** will be reviewed and must be approved by **SOI** and the **LOC**. **Submitting a request does not guarantee the automatic assignment of Additional Staff (AS), please submit your Additional Staff (AS) request by 31 March.**

*Payment methods and invoicing details will be communicated by the **Local Organizing Committee LOC through the Delegation Newsletter.***

All registration must be completed using the official **Global Games System**. Every official member of the delegation must be entered into the Global Games System.

No other registration methods will be accepted.

Written instructions for completing the registration process are included in this handbook.

2.3 Delegation Medical Staff (DMS) Requirements

For guidance on selecting Delegation Medical Staff, please refer to the [DMS Job Description](#).

All **Delegation Medical Staff (DMS)** must hold a valid current, unexpired professional medical license. Each DMS is required to submit the following **three (5) items**:

- Delegation Medical Staff Letter, signed by the Head of Delegation (HOD)
- A copy of their current professional medical license
- Provide their medical degree type



- Provide their medical license number
- Provide the expiry date of the current professional license to practice

2.4 Alternate and Scratches

Alternate

Alternate registrations will be considered on a **case-by-case basis**, primarily due to Visa processing timelines. SO Programs should note that alternate registration cannot be guaranteed after the official registration deadline. As soon as a delegation needs to replace a member, it must first obtain SOI approval. Once approved by SOI the alternate must be registered through the **Global Games System by the deadline, 30 June 2026**.

To request an alternate registration, SO Programs must contact

delegationregistration@specialolympics.org, copying their assigned **GRT members**.

Requests should include relevant details, such as the reason for the request (e.g. injury, illness, withdrawal, etc.). The alternate registration request email must include the full name, role, date of birth and gender of both the delegation member to be replaced and the alternate. This information is required to allow for eligibility review and, if approved by SOI, the removal of the original member from the Global Games System.

Please note that this deadline also includes uploading the passport, medical forms, and all other required documents.

Scratches

If, for any reason after the deadline, a delegation member needs to be withdrawn ("scratched"), please contact delegationregistration@specialolympics.org, copying their assigned **GRT members**. Requests should include relevant details such as the reason for the request (e.g. injury, illness, withdrawal, etc.). The scratches request email must include the full name, role, date of birth and gender of the delegation member to be scratched.

3.0 REGISTRATION INSTRUCTION

Through the Global Games System, you will be able to:

ACTION		DESCRIPTION
CREATE	✓	Add new registrants individually or register multiple people at once
ENTER/EDIT	✓	Fill in or update any information fields for members of your delegation
SAVE	✓	Save your progress and return to the portal before the registration deadline
SUBMIT	✓	Finalize and submit all completed registrations
REPORT	✓	Export entered data in CSV or XLSX format for review or record-keeping



3.1 Registration Quick Guidelines

To support you throughout the registration process, the [Quick Flow & Guidelines](#) section offers clear and accessible instructions on key steps, requirements, and deadlines for the Unified Football World Cup.

4.0 OVERVIEW OF REGISTRATION FIELDS

4.1 Profile Step

First, Middle and Last Name

Participants may enter their First, Middle and Last name as they appear on their Passport or Refugee Travel Document, or they may indicate a **preferred name** to appear on their event **CREDENTIALS** (e.g., *Joseph* → *Joe*).

It is **strongly recommended** that the **First Name, Middle and Last name** entered in the registration system **matches** the **legal name** shown on the passport or official travel document. This ensures consistency and avoids issues during identification, security checks, and event operations.

Gender

Options for gender include **Male**, **Female** and **Prefer not to answer**. For those who choose “Prefer not to answer” SOI and LOC will work with Delegation to confirm which gender the registrant will choose for accommodations and competitions.

Date of Birth

Athletes and Unified Partners must be at least **16 years old** and **maximum of 23 years old** at the time of the **Unified Football World Cup** as of the 5th of July 2026, to be eligible to participate in the Special Olympics **Unified Football World Cup**.

Date should be in **DD/MM/YYYY** format.

The image shows a date picker interface. At the top, there is a text input field containing the date "11/10/1993". Below the input field, the month "November" and the year "1993" are displayed. A calendar grid follows, with days of the week (Su, Mo, Tu, We, Th, Fr, Sa) as column headers. The date "10" is highlighted with a blue circle, indicating it is the selected day. At the bottom of the calendar, there are "Today" and "Clear" buttons.



Email Address

Head of Delegation, Head Coach and Assistant Coach are strongly recommended to input their own emails.

Phone

All phone numbers provided are required to have country codes.

(e.g. 0039 is for Italy, please write 00 and your country code and your telephone number)

4.2 Membership Step

Group Delegation

Please choose from the **dropdown** your **delegation's name**.

Role

Please choose from the **dropdown** the **role** of your registrant.

4.3 Personal Tab

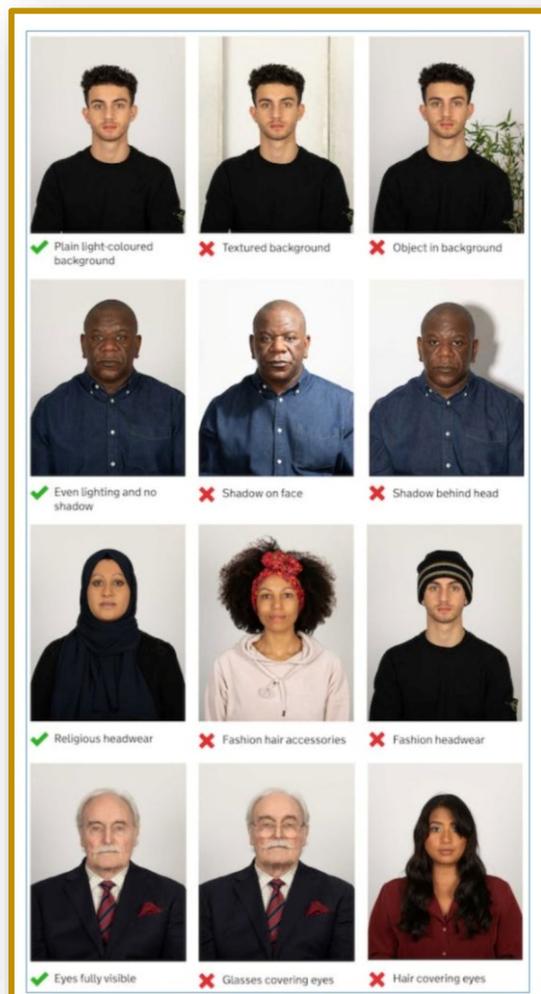
Credential Photo

The credential photo should be a **headshot photo**, as it will be printed on your credentials. It must be in **JPG/JPEG/PNG** format.

The photo must meet the following criteria to be accepted

REQUIREMENT	DESCRIPTION
FRAMING	From slightly above the top of the hair to mid-chest; the face should occupy 70–80% of the photo.
FACE POSITION	Face the camera directly; the entire face must be in focus.
EYES	It must be open and look at the camera.
BACKGROUND	It must be light-colored.

COLOR	The photo must be recent and in color.
QUALITY	Blurry or pixelated photos will not be accepted.
RESOLUTION	Medium-resolution photography and printing are strongly recommended.
OBSTRUCTIONS	No obstructions (e.g., watermarks, staples, flash reflections).
EYEGLASSES	Regular eyeglasses are allowed if normally worn; they must not cover the eyes. No sunglasses.
HEADPIECES	Allowed if worn daily for religious reasons; must not cast shadows or obscure the face.





Language

Please indicate the participant’s Native language and select from the dropdown list their preferred one of the **6 official Special Olympics languages** (Arabic, Chinese, English, French, Russian or Spanish).

Dietary Requirements

This section is intended to collect information for **CATERING** purposes only **and will not appear as medical icons** on the participant’s credential. Please let us know if the participant has any allergies, intolerances, or follows a specific diet. This helps the Organizing Committee plan meals and offer suitable options.

PLEASE NOTE: *The Organizing Committee will try their best to meet these needs, but they may not be able to accommodate everything. At meals, there will be different food options available for delegation members to choose from.*

Do you have a fish allergy? <input type="text" value="No"/>	Do you have a shellfish allergy? <input type="text" value="Yes"/>
Do you have a nut allergy? <input type="text" value="No"/>	If yes, please provide details: <input type="text"/>
Do you have a gluten intolerance? <input type="text" value="No"/>	Are you lactose intolerant? <input type="text" value="No"/>

Below is a **summary** of the dietary questions that will be asked in the registration system:

ALLERGIES & INTOLERANCE	ANSWER
Do you have a fish allergy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a shellfish allergy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a nut allergy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
→ If yes, please provide details	<input type="text"/>
Do you have gluten intolerance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you lactose intolerant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an egg allergy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a soy allergy?	<input type="checkbox"/> Yes <input type="checkbox"/> No

DIETARY PREFERENCES	ANSWER
Do you follow a Halal diet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you follow a Kosher diet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you follow a Vegan diet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you follow a Vegetarian diet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
→ Other dietary requirements	<input type="text"/>



4.4 Parent/Guardian Information Tab

This section is **mandatory only** for participants **under** the **age of 18**. Registrants will be asked to provide the following information about a parent or legal guardian:

- **First and Last** name
- **Phone** (*phone number provided is required to have country codes*)
- **Relationship** with the registrant

4.5 Emergency Contact Tab

This emergency contact will be the person notified in the event of an emergency affecting the registrant. The following information is required for all delegates:

- Emergency Contact **First and Last** name
- Emergency Contact **Phone** (*phone number provided is required to have country codes*)
- Emergency Contact **Relationship**

4.6 Identification Document Information

In this section, registrants will be asked to provide information on their **identification document**. Registrants **must** upload a scan of the identification document they will use to travel. The **accepted** forms of identification are **passports, European national identity cards, and refugee travel documents**.

Please note that European ID cards will **ONLY** be accepted from countries that are allowed to enter France without a visa and without a passport.

Required Upload

- A **clear and in-focus scanned copy** of the entire identification document, showing:
 - All identification data including the **Machine-Readable Zone (MRZ)** at the bottom of the passport/ID card data page.
- *Accepted file formats: **JPG, JPEG, PNG, PDF***
- Please click here to read our [Data Privacy & Protection Policy](#) for more details.

Information to Be Entered (as shown on your passport)

- **First, Middle, and Last** Name
- Passport or refugee travel document **number**
- Date of **Issue** and **Expiration Date** of your passport or identification document in **DD/MM/YYYY** format



- **Gender** (as indicated in your Passport or Identification Document)
- **Issuing Authority** (please add the government/entity that is the issuing authority for your Identification Document)
- If you are not sure if you have a **Biometric Passport**, please check this [link](#).

If the registrant does need a travel **visa**, please complete the **relevant questions** after selecting **YES**:

Additional details must be provided in the registration form:

- **Street Address**
- **City of Residence**
- **State/Region of Residence**
- **Country/Area of Residence**
- **Postcode**
- **City and Country** where the **visa** will be requested
- Name of the France **Embassy** or **Consulate** where the visa application will be submitted (e.g., France Embassy in Nairobi, France Consulate General in Frankfurt). See Embassy and Consulate locations [here](#).

Visa Passport Validity Requirement

- Passports must be valid for at least **3 months after the registrant's intended departure date from France**. This means that **your passport must be valid until at least 11 October 2026**.
- If the passport expires before that date, **the registrant must begin the renewal process immediately**.

Further information about the visa process will be provided by the **Local Organizing Committee (LOC)** and **Special Olympics International**.

4.7 Medical Tab

Athletes & Unified Partners

To participate in the **Special Olympics Unified Football World Cup 2025**, both **Athletes** and **Unified Partners** must submit a valid Medical Form.

What you must do

- **Download** the blank **Medical Form** from the registration system.

Create or edit a Registration form

Profile  Membership  Personal  Emergency Contact  Identification Document  Health and Medical Information  **Medical Physical Examination **

Medical Form Upload 

[Click here to download a blank medical form in English.](#)

- Complete the form in **English** using **BLOCK CAPITAL LETTERS**.
- To help you complete the form please refer to the Appendix of this Registration Handbook **“6.1 How to complete the Athlete Medical Form”**
- Upload a **filled and signed PDF copy** to the registration system.

Create or edit a Registration form

Profile  Membership  Personal  Emergency Contact  Identification Document  Health and Medical Information  **Medical Physical Examination **

Medical Form Upload

[Click here to download a blank medical form in English.](#)

Please attach the most recent medical file for the participant. Accepted file format: PDF.

+ Choose 

Before Submission

- All forms should be reviewed by a qualified medical professional.
- Confirm that forms are complete and that all athletes and Unified Partners are medically cleared.

Health History

(All roles except Athletes and Unified Partners) Medical information will be collected through Coaches and Additional Staff Registration Form.

4.8 Medical Staff Information Tab

To accompany a delegation, Delegation Medical Staff **must** submit a Delegation Medical Staff Letter, signed by the Head of Delegation (HOD), A copy of their current professional medical license Confirmation of the date of issue and expiry date of the current professional license to practice.

What you must do

- Navigate to the Medical Staff Information tab

Create or edit a Registration form

< Identification Document Health and Medical Information **Medical Staff Information** Sports Release form Travel  Confirmation



- Enter the registrant's medical degree type

Medical degree type

- Enter the registrant's medical license number

Medical license number

- Enter the registrant's professional license expiration date.

License expiry



- Upload the medical license as a PDF to the registration system.

Please Upload Your Medical License



- Upload a **filled and signed PDF copy of the** HOD signed Delegation Medical Staff letter to the registration system.

Please Upload Hod Signed Delegation Medical Staff Letter

[Click here to download The medical staff delegation letter.](#)



4.9 Sport Tab

As this is a single-sport event, Athletes and Unified Partners will register for **Football** only. In the registration system, you will be able to select **Football** from a drop-down list.

Once Athletes and Unified Partners are added to the sport, the **SPORT ENTRIES** section will become available to enter any Football specific data required, please select all fields entries below:



Competition Information					
Sport					
Football					
Selected	Events	Level	Qualifying Score	Team	Member Number
<input checked="" type="checkbox"/>	Men's 11 a-side Football			SO Azerbaijan 2	

Please refer to the Sport Entries Regulations outlined in the **OVERVIEW OF SPORT** section of this Registration Handbook when filling out this section of the registration system.

4.10 Release Form Tab

In this section, you will upload a completed and signed **Registration & Release Form** for each delegation member. **A blank form can be downloaded from the GGS registration system.** The Head of Delegation is responsible for making sure all forms are correctly **filled out and signed.**

4.11 Head of Delegation Readiness Training

The HODs are required to complete the **HOD Readiness Training.** **A certificate of completion** will be required for upload. The training will be available through the Special Olympics Online Learning Portal, and further details will be shared through a Delegation Update.

4.12 Head of Delegation Code of Conduct Tab

Head of Delegations must prepare their delegations in a professional manner, prioritizing the safety, health, and dignity of all members.

HODs must read, sign, and upload the Code of Conduct form to the registration system.

- [Head of Delegation Code of Conduct](#)

HOD must also ensure that all delegation members understand and follow their Code of Conduct and other Games rules for safety and compliance.

4.13 Coach Readiness Training (Head Coach & Assistant Coach)

Ahead of the introduction of [Coaching Standards at World Games 2027](#), all **Head Coaches**, for the 2026 Unified Football World Cup, are **recommended** to hold a valid football coaching certification from a recognized Regional or National Federation (for example, Football Association of Ireland or UEFA), a third level institute (for example a diploma or degree in sports coaching and football), or an approved regional equivalent (to be approved by the region's Sports Director).

1. If a coach has completed a valid coaching certification issued by a **Special Olympics Program/Region/International**, a **National/Regional/International Sport Federation**, or a



Third Level Institute, then select **“Yes”** for **“Do you hold a valid Coach certification?”**

You must then select the certification type that best applies:

- Special Olympics (Program, Region, International)
- Sport Federation or Governing Body (National, Regional, International)
- Academic Institution (University/College)

Only **one certificate** (the highest level or most recent) should be uploaded for that area.

2. All coaches must complete the **Unified Sports Coaching Course** ([via the Online Learning System](#)) and upload the corresponding certificate. For instructions, please refer to the Appendix of this Registration Handbook **“6.2 Accessing Special Olympics Online Learning Portal – New Users”**
3. All coaches must complete the **Special Olympics World Games Coach Preparation course** ([via the Online Learning System](#)) and upload the corresponding certificate. For instructions, please refer to the Appendix of this Registration Handbook **“6.2 Accessing Special Olympics Online Learning Portal – New Users”**

Create or edit a Registration form

< Agency Contact Identification Document Health and Medical Information Sports Release form **Coach Readiness Training** Travel Confirmation >

Do you hold a valid coach certification? Note: A valid certification may be issued from Special Olympics, a national or international sport federation, or a 3rd level academic institution (e.g., a College or University). If yes, please select which option best describes the certifying body.

Select a option

Please upload the relevant certificate as evidence of this qualification.
Valid formats for upload this file: any image file (PNG,GIF,JPG,JPEG...)

+ Choose

If you are coaching a unified team have you completed the Unified Sports Coaching Course

Select a option

Please upload the Unified Sports Coaching Course certificate.
Valid formats for upload this file: any image file (PNG,GIF,JPG,JPEG...)

+ Choose

4.14 Confirmation Tab and Code of Conduct

Before you submit, you will be asked to certify that all registration information is accurate and complete, and that you have read and agreed to the Code of Conduct.

Please find below the **links** for the **Code of Conduct for all Delegation Members**:

- [Coaches Code of Conduct](#)
- [Head of Delegation Code of Conduct](#)
- [Athletes and Unified Partners Code of Conduct](#)

Please note that the Head of Delegations (HODs) must sign and upload the Code of Conduct to the registration system in the HOD Code of Conduct Tab.



5.0 OVERVIEW OF SPORT

Athletes and Unified Partners will only be able to register under the sport, **Football**. After adding Athletes and Unified Partners into the Sport, the **SPORT ENTRIES** section appears. Here **Athletes and Unified Partners can be added to specific teams**. Please **follow** the **Sport Entries Regulations** written below and review the **World Cup Sport Regulations document** while registering with the athletes and Unified partners for this event.

5.1 Discipline Offered

- Unified Men's Competition
- Unified Women's Competition

5.2 Sport Entry Regulations

- There is no mixed gender teams allowed

5.3 Unified Sports Points of Emphasis

- Coaches are not allowed to register/compete as Unified partners
- Teams must register on the following ratios: **Men's Team** 9 Athletes, 7 Unified Partners; Women's Team 6 Athletes, 5 Unified Partners
- Teams must be composed according to the Unified Sports Competitive model and follow the age restrictions listed in Sport Rules Article 1 and below:
Following the **Unified Sports Competitive model rules**, the age for the cup will be
 - **Men's Unified Team** (11 a-side), Age (Under 23years old) / Only athletes 23 years old or younger for the opening day of the cup.
 - **Women's Unified Team** (7 a-side), Age (Under 23years old) / Only athletes 23years old or younger for the opening day of the cup

6.0 APPENDIX

6.1 How to Complete a Medical Form

To fill out this Athlete Medical Form (for all athletes, including Unified partners), follow the instructions provided for accuracy. Complete all sections as they are essential for providing necessary medical information to support athletes' medical and welfare needs at the Games.

Click the links below to view instructions for completing the Athlete Medical Form in other languages, including form images:

- [ENGLISH – How to complete Athlete Medical Form](#)
- [ARABIC – How to complete Athlete Medical Form](#)
- [CHINESE – How to complete Athlete Medical Form](#)
- [FRENCH – How to complete Athlete Medical Form](#)
- [RUSSIAN – How to complete Athlete Medical Form](#)



- [SPANISH – How to complete Athlete Medical Form](#)

Form Guidance:

- **Use Block Capital Letters:** Please write clearly and use capital letters throughout the form.
- **English Only:** Fill out the form in English language only.

The form consists of two Sections:

- **Section 1:** Athlete Personal Information, Assistive Devices, General Health/History, and Medications: This section is completed by the athlete, their parents or guardians, or caregivers.
- **Section 2:** Medical Physical Examination: This part must be filled out by a Licensed Medical Professional who is authorized under the laws of the Accredited Program's area to conduct physical exams and prescribe medications.

Note an Athlete medical form terminology guide is located at the end of this section.

SECTION 1: PAGE 1: ATHLETE MEDICAL FORM

Athlete Personal Information

- **First Name:** Write the athlete's first name.
- **Last Name:** Write the athlete's last/family name.
- **Preferred Name:** Write the name the athlete likes to be called.
- **Date of Birth:** Write the athlete's birth date in DD/MM/YYYY format (Example: 06/01/1996 for January 6, 1996).
- **Gender:** Choose female, male, or prefer not to answer and click or mark the box/es with an "X".
- **Email:** Write an email address for receiving communication or information.
- **Phone Number:** Write the telephone number to contact the athlete, including the international dial code.
- **Mobile or Landline:** Click or mark the box with an "X" to identify if it is a mobile or landline telephone number.
- **Home Address:** Write the postal address where the athlete lives, including house number, street name, town/city, and postal code.
- **Country:** Write the name of the country where athlete resides example Australia

Emergency Contact



- **First Name:** Write the first name of the person the athlete wants to contact in case of a medical emergency.
- **Last Name:** Write the Last/family name of the emergency contact.
- **Phone Number:** Write the telephone number to contact the emergency contact, including the international dial code.
- **Mobile or Landline:** Click or mark with an "X" to identify if it is a mobile or landline number.
- **Relationship to Athlete:** Click or mark with an "X" the box that describes the relationship between the athlete and the emergency contact.

Participant Information

- Is the participant an Athlete or Unified Partner? Click or mark with an "X" to identify if the participant is an Athlete or Unified Partner.

Is the participant an Athlete or Unified Partner? Athlete Unified Partner

Associated Conditions (Mandatory)

- Click or mark "unknown" with an "X" if the athletes' associated condition is unknown.
- Click or mark the box/es with an "X" if the athlete has any of the listed common intellectual disability conditions.
- Click or mark the "Other" box with an "X" if the athlete has a different intellectual disability that is not listed. Write the intellectual disability in the "Please specify other known intellectual disability diagnoses" section in [English](#).

Assistive Devices and Accommodations

- Click or mark the "None" box with an "X" if the assistive devices and accommodations listed do not apply.
- Click or mark with an "X" to mark the items from the list of mobility aids, lifestyle aids, communication devices, and medical equipment used by the athlete.
- Click or mark with an "X" either "Yes" or "No" to indicate if the athlete uses another assistive device.
- If "Yes" is chosen, use the additional box to specify other assistive devices.
- Click or mark with an "X" either "Yes" or "No" for specific food/dietary requirements used by the athlete for health, personal, or cultural reasons.
- If "Yes" is chosen use the additional box to specify food/dietary requirements.



SECTION 1: PAGE 2 ATHLETE MEDICAL FORM

General Health Questions

- Click or mark with an "X" to select "Yes" or "No" to answer each health question.
- For the three (3) questions about concussions, behavioral, mental health, and/or sensory conditions, or severe allergies, provide the extra details asked to ensure athletes receive proper support during the event. Only allergies requiring an EpiPen will appear as medical icons on participants credentials.
- If the athlete uses an EpiPen include the EpiPen in the medications and treatments table.

Medications and Treatment:

- Click or mark with an "X" to select "Yes" or "No" to confirm if the athlete is currently taking any prescription or over-the-counter medications and/or treatments.
- If yes, list each medication on a separate line and provide details of each medication, including name, dose, and frequency of intake.

Completion & Signature:

- Enter the date of completion of the Athlete medical form in DD/MM/YYYY format.
- Insert the signature of the person completing the form.
- Click or mark with an "X" to select "Yes" or "No" to confirm if the form is being completed by someone other than the athlete.
- If completed by someone else, specify their relationship to the athlete by clicking or marking with an "X" in the relevant box.

SECTION 2: PAGE 3: MEDICAL PHYSICAL EXAMINATION

Only a Licensed Medical Professional, qualified to conduct physical exams and prescribe medications, can fill out this Athlete Medical form section. After examining the athlete, the medical examiner must complete each box as follows:

- **First Name and Last Name:** Write the athlete's first and family/last names.
- **Date of Birth:** Write the athlete's birth date in DD/MM/YYYY format.
- **Height and Weight:** Record the athlete's height and weight in feet, inches, centimeters, pounds, or kilograms.
- **Waist Circumference:** Measure around the athlete's waist and write down the measurement in inches or centimeters.
- **Temperature:** Use a thermometer to measure the athlete's body temperature in degrees Celsius or Fahrenheit.



- **Pulse:** Count the athlete's heartbeat per minute and record it.
- **Blood Pressure:** Measure the athlete's blood pressure as systolic over diastolic in millimeters of mercury (mmHg).
- **Vision:** Assess the athlete's vision out of 20 for visual acuity.

For the following questions, click or mark with an "X" to select "Yes", "No", or "Unknown".

- High blood pressure, Coeliac disease, Kidney disease, Osteoporosis, Anemia, Nonverbal, family member or relative died of heart problems or sudden death before age 50, or Athlete born without or missing a kidney, eye, testicle, or any other organ.
- If 'Yes' is marked, provide further information where requested.

Medical:

- Check the athlete's eyes, ears, nose, throat, heart, lungs, abdomen, skin, neurological functioning, and musculoskeletal system.
- Note if each is normal or abnormal by clicking or marking with an "X" and listing any abnormalities in the provided box/es.

SECTION 2: PAGE 4: MEDICAL PHYSICAL EXAMINATION

Medical Eligibility for Sport:

Before undertaking the physical examination, it is recommended that the medical examiner speak with the athlete or their guardian about their medical history. On completion of the medical examination, choose one of five options. Click or mark with an "X" the relevant box indicating if the athlete is:

- Medically eligible for all sports without restriction
- Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of:
- Not medically eligible pending further evaluation of:
- Not medically eligible to participate in the following sports:
- Not medically eligible for any sports

In the last section the medical examiner needs to:

- Print or type the medical examiner's name.
- Date the physical examination section of the Athlete Medical Form (DD/MM/YYYY).
- Print or type the medical examiner's address.
- Include their phone number.
- The medical examiner must sign the medical physical examination.



- Write their National Provider Identifier and/or professional license number.
- Include their license type.

A detailed **Athlete Medical Form Terminology Guide** is available [here](#).

6.2 How to complete HOD, Coaches, Medical and AS Medical Registration

PAGES 3 & 4: HEALTH AND MEDICAL INFORMATION

Assistive Devices and Accommodations

- Click or mark the "None" box with an "X" if the assistive devices and accommodations listed do not apply.
- Click or mark with an "X" to mark the items from the list of mobility aids, lifestyle aids, communication devices, and medical equipment used by the athlete.
- Click or mark with an "X" either "Yes" or "No" to indicate if the delegate uses another assistive device.
- If "Yes" is chosen, use the additional box to specify other assistive devices.
- Click or mark with an "X" either "Yes" or "No" for specific food/dietary requirements used by the delegate for health, personal, or cultural reasons.
- If "Yes" is chosen, use the additional box to specify food/dietary requirements.

General Health Questions

- Click or mark with an "X" to select "Yes" or "No" to answer each health question.
- For the three (3) questions about concussions, behavioral, mental health, and/or sensory conditions, or severe allergies, provide the extra details asked to ensure delegates receive proper support during the event. Only allergies requiring an EpiPen will appear as medical icons on participants credentials.
- If the delegate uses an EpiPen include the EpiPen in the medications and treatments table.

Medications and Treatment:

- Click or mark with an "X" to select "Yes" or "No" to confirm if the delegate is currently taking any prescription or over-the-counter medications and/or treatments.
- If yes, list each medication on a separate line and provide details of each medication, including name, dose, and frequency of intake.

6.3 Accessing Special Olympics Online Learning Portal – New Users

STEP BY STEP GUIDE

STEP ONE

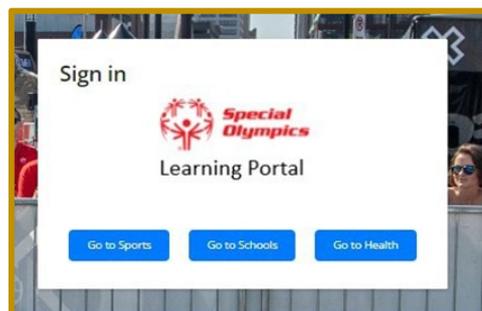
Navigate to: <https://elearn.specialolympics.org/learn>



STEP TWO

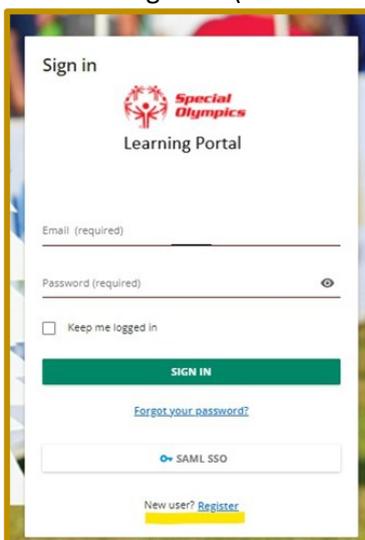
Select your learning area

- a. We recommend that new users registering to complete the required e-learning for Special Olympics Unified Football World Cup, should “Go to Sports”
- b. If you encounter a problem, please email our helpdesk at elarning@specialolympics.help



STEP THREE

Click on “Register” (at the bottom of the white text box)



STEP FOUR

Enter required user profile details and then click Next

- Email
- First Name
- Last Name
- Password
- Language
- Time zone



- Country

Register
Begin your new learning experience by simply filling out this form.

1 User profile — 2 Additional fields

Email (required)

First name Last name

Password (required) Retype password (required)

Language (required) Time zone (GMT +01:00) Europe/Dublin

Where are you located?
Other Country

Already registered? [Sign in](#)

NEXT

STEP FIVE

Enter Additional Fields

- Country (if non-US, if US, select state)
- Gender
- Sport Focus

Click **Register**

Register
Begin your new learning experience by simply filling out this form.

✓ User profile — 2 Additional fields

Country (required) Gender (required)

Sport Focus

Already registered? [Sign in](#)

PREVIOUS REGISTER

STEP SIX

- You will receive an email to the inbox of the email you used to register, containing an account confirmation.
- Follow the instructions provided in the email to complete your registration.
- To access courses, follow the steps in the “Finding your course and certificate on Special Olympics New Online Learning Portal” guide below.



- If you have problems with this process, please email the helpdesk on elearning@specialolympics.help

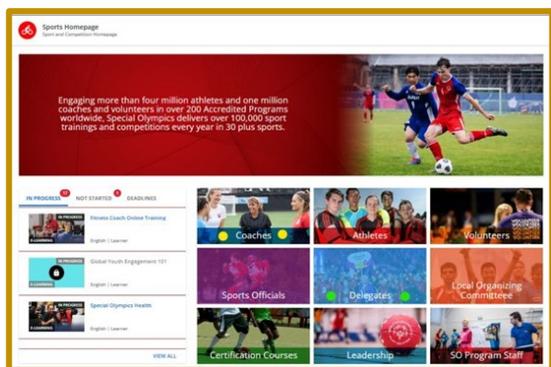
SPECIAL OLYMPICS ONLINE LEARNING PORTAL – FINDING YOUR COURSE INSTRUCTIONS

STEP ONE

Log into your account → [SO Learning Portal](#)

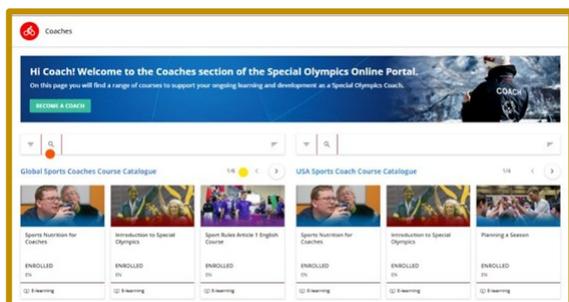
STEP TWO

Coaches: For coaches searching for required coach learning for Unified Sports, please click on the coach tile and search the menu of courses. (Yellow dot)



STEP THREE

You will be shown a full menu of courses available. You can scroll through this menu using the arrows (indicated below at the yellow dot) or by using the search bar (indicated below at the red dot).



Click on the course titled **Sport: Special Olympics Unified Sports Coaching Course** to access the course. It can be found in the Coaches Course Catalogue (Global and USA).



DOWNLOADING YOUR COURSE COMPLETION CERTIFICATE

If you have already completed the course and need to download your certificate, please follow the steps below.

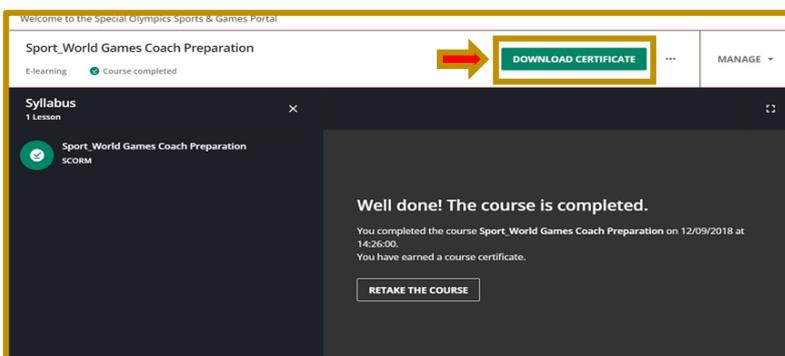
STEP ONE

Click on the course tile in the catalogue



STEP TWO

Click on the green “Download Certificate” button on the top right of the screen.



Your certificate will now be available in your downloaded files.



7.0 NEXT STEPS

After completing registration, please take the following actions to ensure your delegation is fully prepared:

- Review and verify submitted data
- Complete any missing documents or forms
- Ensure medical and Visa requirements are being addressed
- Monitor LOC updates and communications

The SOI Delegation Services Team will follow up with further information and timelines regarding upcoming steps.