



APPLICATION FOR PARTICIPATION IN SPECIAL OLYMPICS

Check If NEW Athlete (Never participated in Special Olympics before)

ELIGIBILITY FOR PARTICIPATION IN SPECIAL OLYMPICS: Every person with Intellectual Disabilities is eligible to participate in Special Olympics. A person is considered to have Intellectual Disabilities if that person satisfies any one of the following requirements: 1) person has been identified by an agency or professional as having Intellectual Disabilities, 2) person has a cognitive delay, as determined by standardized measures such as intelligent quotient or "IQ" testing or other measures which are generally accepted as being a reliable measurement of the existence of a cognitive delay, or 3) person has a closely related developmental disability. A "closely related developmental disability" means having functional limitations in both general learning (such as IQ) and in adaptive skills (such as in recreation, work, independent living, or self-care). Persons whose functional limitations are based solely on a physical, behavioral, emotional disability, or a specific learning or sensory disability are not eligible to participate in Special Olympics.

SECTION A – ATHLETE INFORMATION *Required once every three (3) years for all athletes.*
Please print clearly in blue or black ink.

REGION/AREA/LOCAL PROGRAM: _____ YEAR STARTED IN SPECIAL OLYMPICS: _____

ATHLETE INFORMATION

ATHLETE NAME (LAST) _____ (FIRST) _____ (NICKNAME) _____

DATE OF BIRTH (month/day/year): ____ / ____ / ____

GENDER (circle): Male Female

ADDRESS _____ (APT/STE) _____ HOME PHONE: (____) _____

CITY: _____ STATE: _____ ZIP: _____ MOBILE PHONE: (____) _____

EMAIL: _____

HEALTH INSURANCE COMPANY: _____ POLICY #: _____

ETHNIC BACKGROUND: African Amer → Anglo → Asian/Pacific Islands → Hispanic → Native Amer → Other not listed → _____

ATHLETE EMPLOYMENT INFORMATION

EMPLOYER _____ WORK PHONE: (____) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN NAME: _____ HOME PHONE: (____) _____

ADDRESS: _____ MOBILE PHONE: (____) _____

CITY: _____ STATE: _____ ZIP: _____ WORK PHONE: (____) _____

EMAIL: _____

PARENT/GUARDIAN EMPLOYMENT INFORMATION

EMPLOYER: _____ EMPLOYER PHONE: (____) _____

ADDRESS: _____

CITY: _____ STATE: _____ Zip: _____

EMERGENCY CONTACT INFORMATION

CONTACT: _____ RELATIONSHIP: _____

HOME PHONE: (____) _____ MOBILE PHONE: (____) _____

FOR OFFICE USE ONLY

Date Received: _____ Verified by: _____

SECTION B – ATHLETE HEALTH INFORMATION *Required once every three (3) years for all athletes.*
 Please print clearly in blue or black ink.

MEDICAL HISTORY

IMPORTANT: Any significant change in the athlete's health or condition should be reviewed by a licensed examiner before further participation

	Yes	No		Yes	No
1. Heart Disease/Heart Defect/High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	14. Allergy to the following (be specific)	<input type="checkbox"/>	<input type="checkbox"/>
2. Chest Pain or Fainting Spells	<input type="checkbox"/>	<input type="checkbox"/>	Medicine _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Seizures/Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Foods _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Insect Sting/Bite _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Down Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	15. Special Diet _____	<input type="checkbox"/>	<input type="checkbox"/>
Have cervical spine (neck bone) x-rays been done	<input type="checkbox"/>	<input type="checkbox"/>	16. Exercise induced wheezing	<input type="checkbox"/>	<input type="checkbox"/>
Atlanto Axial Instability	<input type="checkbox"/>	<input type="checkbox"/>	17. Tendency to bleed easily	<input type="checkbox"/>	<input type="checkbox"/>
6. Parent/Sibling (under 40) died of heart disease	<input type="checkbox"/>	<input type="checkbox"/>	18. Emotional/psychiatric/behavioral problems	<input type="checkbox"/>	<input type="checkbox"/>
7. Absence of one kidney or testicle	<input type="checkbox"/>	<input type="checkbox"/>	19. Serious bone or joint disorder	<input type="checkbox"/>	<input type="checkbox"/>
8. Concussion or serious head injury	<input type="checkbox"/>	<input type="checkbox"/>	20. Sickle cell trait or disease	<input type="checkbox"/>	<input type="checkbox"/>
9. Major surgery or serious illness	<input type="checkbox"/>	<input type="checkbox"/>	21. Hearing aid/hearing loss	<input type="checkbox"/>	<input type="checkbox"/>
10. Heat stroke/exhaustion	<input type="checkbox"/>	<input type="checkbox"/>	22. Contact lenses/eyeglasses	<input type="checkbox"/>	<input type="checkbox"/>
11. Other problem that would interfere w/ sports participation	<input type="checkbox"/>	<input type="checkbox"/>	23. Dentures/false teeth	<input type="checkbox"/>	<input type="checkbox"/>
List _____			24. Immunizations (shots) are up-to-date	<input type="checkbox"/>	<input type="checkbox"/>
12. Impaired motor ability	<input type="checkbox"/>	<input type="checkbox"/>	25. Date of last tetanus shot	____ / ____ / ____	
13. Uses a wheelchair	<input type="checkbox"/>	<input type="checkbox"/>			

ADDITIONAL COMMENTS

MEDICATIONS Please print medication name, amount, date prescribed and number of times per day medication needs to be taken

PERSON COMPLETING FORM (normally parent/guardian or adult athlete) _____
 Signature Date

IF HISTORY SIGNED BY ADULT ATHLETE – I have reviewed the health history with the athlete whose signature appears above

Signature Date Relationship to athlete (family member, friends, coach)

SECTION C - MEDICAL CERTIFICATION *Required once every three (3) years for all athletes.*
 MUST BE PERFORMED AND COMPLETED BY A LICENSED MEDICAL EXAMINER (PHYSICIAN, PHYSICIAN ASSISTANT, OR CHIROPRACTOR)

EXAMINER'S NOTE: If the athlete has Down Syndrome, Special Olympics requires a full radiological examination establishing the absence of Atlanto-Axial Instability before he/she may participate in sports or events which, by their nature may result in hyperextension, radical flexion or direct pressure on the neck or upper spine. The sports and events for which such a radiological examination is required are: gymnastics, pentathlon, butterfly stroke in aquatics, diving start in aquatics, high jump, & soccer (football).

BRIEF EXAM HT _____ WT _____ PULSE _____ B.P. _____ ENT. _____ HEART. _____ LUNGS _____

I have reviewed the above health information and examined the athlete named in the application, and certify there is no medical reason available to me which would preclude the athlete's participation in Special Olympics.

RESTRICTIONS _____
 Examiner's Signature _____ Date _____
 Examiner's Name _____ Phone (____) _____
 Address _____ City _____ Zip _____

OFFICIAL SPECIAL OLYMPICS RELEASE FORM

RELEASE TO BE COMPLETED BY PARENT, GUARDIAN OR CONSERVATOR

I am the parent/guardian/conservator of _____, on whose behalf I have submitted the attached application for participation in Special Olympics. I hereby represent that the athlete has my permission to participate in Special Olympics activities.

I further represent and warrant that to the best of my knowledge and belief, the athlete is physically and mentally able to participate in Special Olympics. With my approval, a licensed physician has reviewed the health information set forth in the athlete's application, and has certified based on an independent medical examination that there is no medical evidence, which would preclude the athlete's participation. I understand that if the athlete has Down Syndrome, he/she cannot participate in sports or events, which, by their nature, result in hyper-extension, radical flexion or direct pressure on the neck or upper spine, unless I and two physicians have completed the official "Special Release for Athletes with Atlanto-Axial Instability." Available from Special Olympics Southern California, or the athlete has had a full radiological examination, which establishes the absence of Atlanto-axial Instability. I am aware that if I choose not to complete the "Special Release for Athletes with Atlanto-Axial Instability" form which establishes the absence of Atlanto-axial Instability, the athlete must have the radiological examination before he/she can participate in, gymnastics, pentathlon, butterfly stroke, diving starts in swimming, high jump, and soccer.

In permitting the athlete to participate, I am specifically granting my permission, (both during and anytime after), to Special Olympics to use the athlete's likeness, name, voice and words in television, radio, film, newspapers, magazines and other media, and in any form, for the purpose of advertising or communicating the purposes and activities of Special Olympics and/or applying for funds to support those purposes and activities.

If a medical emergency should arise during the athlete's participation in any Special Olympics activities, at a time when I am not personally present so as to be consulted regarding the athlete's care, I hereby authorize Special Olympics, on my behalf, to take whatever measures are necessary to ensure that the athlete is provided with any emergency medical treatment, including hospitalization, which Special Olympics deems advisable in order to protect the athlete's health and well-being.

I am the parent (guardian) of the athlete named in this application. I have read and fully understand the provisions of the above release, and have explained these provisions to the athlete. Through my signature on this release form, I am agreeing to the above provisions on my own behalf and on the behalf of the athlete named above.

I hereby give my permission for the athlete named above to participate in Special Olympics games, recreation programs, and physical activity programs.

SIGNATURE OF PARENT/GUARDIAN

DATE

RELEASE TO BE COMPLETED BY ADULT ATHLETE (IF NO PARENT/GUARDIAN OR CONSERVATOR)

I, _____ am at least 18 years old and have submitted the attached application for participation in Special Olympics.

I represent and warrant that, to the best of my knowledge and belief, I am physically and mentally able to participate in Special Olympics activities. I also represent that a licensed physician has reviewed the health information contained in my application and has certified, based on an independent medical examination, that there is no medical evidence which would preclude me from participating in Special Olympics. I understand that if I have Down Syndrome, I cannot participate in sports or events which, by their nature, result in hyper-extension, radical flexion or direct pressure on my neck or upper spine unless I and two physicians have completed the official "Special Release for Athletes with Atlanto-Axial Instability," available from Special Olympics Southern California, or I have had a full radiological examination which establishes the absence of Atlanto-axial Instability. I am aware that if I choose not to complete the "Special Release for Athletes with Atlanto-Axial Instability" form which establishes the absence of Atlanto-axial Instability, I must have the radiological examination before I can participate in gymnastics, pentathlon, butterfly stroke, diving starts in swimming, high jump, and soccer.

Special Olympics has my permission, (both during and anytime after), to use my likeness, name, voice or words in either television, radio, film, newspapers, magazines, and other media, and in any form, for the purpose of advertising or communicating the purposes and activities of Special Olympics and/or applying for funds to support these purposes and activities.

If, during my participation in Special Olympics activities, I should need emergency medical treatment, and I am not able to give my consent or make my own arrangements for that treatment because of my injuries, I authorize Special Olympics to take whatever measures are necessary to protect my health and well-being, including, if necessary, hospitalization.

I, the athlete named above, have read this paper and fully understand the provisions of the release that I am signing. I understand that by signing this paper, I am saying that I agree to the provisions of this release.

SIGNATURE OF ADULT ATHLETE

DATE

I hereby certify that I have reviewed this release with the athlete whose signature appears above. I am satisfied based on that review that the athlete understands this release and has agreed to its terms.

NAME (Print) _____

RELATIONSHIP TO ATHLETE (e.g. family member, teacher, coach, etc.) _____



CODE OF CONDUCT ATHLETE

Special Olympics is committed to the highest ideals of sport and expects all athletes to honor sport and Special Olympics and are required to abide by the following Code of Conduct:

Respect for Others

- I will practice good sportsmanship.
- I will act in ways that bring respect to me, my coaches, my team and Special Olympics.
- I will be safe and courteous to others.

Positive Training and Competition Behaviors

- I will regularly attend training for my sport.
- I will be on time for any training or competition.
- I will learn and follow the rules of my sport.
- I will listen and follow the instructions of my coaches and the officials and ask questions when I do not understand.
- I will always try my best during training and at competitions.
- I will not "hold back" in preliminary competition just to get into an easier final competition division.
- I will fully participate as a member of my Team including traveling and staying with overnight with my Team.

Taking Responsibility For My Actions

- I will obey all laws and Special Olympics rules
- I will only smoke in designated areas and not while participating in a Special Olympics training or competition.
- I will not drink alcohol or use illegal drugs at Special Olympics events.
- I will not use bad language or insult other athletes, coaches, volunteers or staff.
- I will not fight with other athletes, coaches, volunteers or staff.
- I will not make inappropriate or unwanted sexual advances to others.
- I will follow the Special Olympics policy that says athletes cannot date volunteers.

I understand that if I do not obey this Code of Conduct, I will be subject to a range of consequences by Special Olympics up to and including not being allowed to participate.

Print Name of Athlete or Parent/Guardian Date

Signature of Athlete or Parent/Guardian Date