

APPLICATION FOR PARTICIPATION IN SPECIAL OLYMPICS

Application expires 3 years from signature date of Examiner.

DEMOGRAPHICS

Region / Area _____

Athlete's Name _____

Athlete's Address _____

City _____ State _____ Zip _____

Parent / Guardian's Name _____

Parent / Guardian's Address (if different than athlete) _____

Emergency Contact (if other than parent / guardian) _____

Health / Accident Insurance Company _____

Male Female

Date of Birth (month / day / year) ____ / ____ / ____

Ethnicity _____

Athlete Home Phone No. _____

Parent Primary Phone No. _____

Parent Secondary Phone No. _____

Parent E-mail _____

Emergency Phone No. _____

Policy No. _____

HEALTH HISTORY: TO BE COMPLETED BY PARENT / CAREGIVER

<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Down Syndrome	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Blindness / visual problem	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Special diet
<input type="checkbox"/>	<input type="checkbox"/> Chest pain	<input type="checkbox"/>	<input type="checkbox"/> Contact lenses / glasses	<input type="checkbox"/>	<input type="checkbox"/> Asthma
<input type="checkbox"/>	<input type="checkbox"/> Seizures / epilepsy / fainting spells	<input type="checkbox"/>	<input type="checkbox"/> Bone or joint problem	<input type="checkbox"/>	<input type="checkbox"/> Tobacco use
<input type="checkbox"/>	<input type="checkbox"/> Diabetes	<input type="checkbox"/>	<input type="checkbox"/> Allergy:	<input type="checkbox"/>	<input type="checkbox"/> Emotional / psychiatric / behavioral
<input type="checkbox"/>	<input type="checkbox"/> Concussion or serious head injury	<input type="checkbox"/>	<input type="checkbox"/> Medicines: _____	<input type="checkbox"/>	<input type="checkbox"/> Sickle cell trait or disease
<input type="checkbox"/>	<input type="checkbox"/> Major surgery or serious illness	<input type="checkbox"/>	<input type="checkbox"/> Food: _____	<input type="checkbox"/>	<input type="checkbox"/> Immunizations up to date
<input type="checkbox"/>	<input type="checkbox"/> Heat stroke / exhaustion	<input type="checkbox"/>	<input type="checkbox"/> Insect stings / bites: _____	<input type="checkbox"/>	<input type="checkbox"/> Other (For additional space, use back of form)
<input type="checkbox"/>	<input type="checkbox"/> Heart disease / heart defect / high blood pressure				

Date of most recent tetanus immunization ____ / ____ / ____

MEDICATIONS: Please print medication name, amount, date prescribed and number of times per day medication is given.

Medication Name	Dosage	Date Prescribed	Times per day	Medication Name	Dosage	Date Prescribed	Times per day

Signature of parent / caregiver / adult athlete: _____ Date ____ / ____ / ____

ATLANTO-AXIAL INSTABILITY ASSESSMENT FOR ATHLETES WITH DOWN SYNDROME

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 hyper-extension, radial flexion or direct pressure on the neck or upper spine. The sports and events for which such a radiological examination is required are: judo, equestrian sports, gymnastics, diving, pentathlon, butterfly stroke and diving starts in swimming, high jump, alpine skiing, snowboarding, squat lift, and football team competition (soccer).

Yes No

Has an x-ray evaluation for atlanto-axial instability been done?

If yes, was it positive for atlanto-axial instability? (positive indicates that the atlanto-dens interval is 5mm or more)

PHYSICAL EXAMINATION

Blood pressure: ____ / ____

Weight: ____ Height: ____

<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Vision	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Extremities	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Skin
<input type="checkbox"/>	<input type="checkbox"/> Hearing	<input type="checkbox"/>	<input type="checkbox"/> Cardiovascular system	<input type="checkbox"/>	<input type="checkbox"/> Cranial nerves
<input type="checkbox"/>	<input type="checkbox"/> Oral cavity	<input type="checkbox"/>	<input type="checkbox"/> Respiratory system	<input type="checkbox"/>	<input type="checkbox"/> Coordination
<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/>	<input type="checkbox"/> Gastrointestinal system	<input type="checkbox"/>	<input type="checkbox"/> Reflexes
<input type="checkbox"/>	<input type="checkbox"/> Extremities	<input type="checkbox"/>	<input type="checkbox"/> Genitourinary system		

Other: _____

Primary MR Etiology / Category (if known): _____

I have received the above health information and have performed the above examination on this athlete within the past 6 months and certify that the athlete can participate in Special Olympics.

EXAMINER'S SIGNATURE: _____

RESTRICTIONS: _____

X _____

EXAMINER'S NAME: _____ Date: ____ / ____ / ____

ADDRESS: _____ Phone: _____

OFFICIAL SPECIAL OLYMPICS RELEASE FORM (To be completed by Adult Athlete)

I, _____ am at least 18 years old and have submitted this 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 examiner 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, radial 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 Chapter program in my state, 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 equestrian sports, gymnastics, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, 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 X _____ 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.) _____

OFFICIAL SPECIAL OLYMPICS RELEASE FORM (To be completed by Parent or Guardian of Minor Athlete)

I am the parent / guardian of _____, the minor athlete, on whose behalf I have submitted this 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 examiner 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 Chapter program in my state, 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 equestrian sports, gymnastics, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, 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, 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 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 X _____ Date _____