



Application For Participation Form (Athletes Only)

2150 North 107th Street, Suite 220 — Seattle, WA 98133 800-752-7559 or 206-362-4949

Demographics

Program: _____
Ethnicity (optional) _____ Male Female DOB ___/___/___
Athlete's Name (Please Print) _____
Athlete's Address _____
City _____ State _____ Zip _____
Athlete Home Phone # _____
Parent/Guardian's Name _____
Parent/Guardian's Address (if different than athlete) _____
City _____ State _____ Zip _____
Parent Primary Phone # _____ Parent Secondary Phone # _____
Emergency Contact (if other than parent/guardian) _____
Primary Phone # _____
Health/Accident Insurance Company _____ Policy # _____

Health History: To Be Completed By Parent/Caregiver

Yes No Yes No
Heart disease / heart defect / high blood pressure
Chest pain
Seizures / epilepsy/fainting spells
Diabetes
Concussion or serious head injury
Major surgery or serious illness
Heat stroke / exhaustion
Blindness / visual problem
Contact lenses / glasses
Hearing loss / hearing aid
Bone or joint problem
Allergy:
Medicines:
Food:
Insect stings/bites:
Special diet
Asthma
Tobacco use
Easy bleeding
Emotional / psychiatric / behavioral
Sickle cell trait or disease
Immunizations up to date
Date of most recent tetanus immunization ___/___/___
Other (for additional space, use back of form): _____

*Requires physical examination

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

Table with 8 columns: Medication Name, Dosage Prescribed, Date, Times per day, Medication Name, Dosage Prescribed, Date, 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 hyperextension, radical flexion or direct pressure on the neck or upper spine.

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: _____
Normal Abnormal Normal Abnormal Normal Abnormal
Vision Cardiovascular system Cranial nerves
Hearing Respiratory system Coordination
Oral cavity Gastrointestinal system Reflexes
Neck Genitourinary system
Extremities Skin

Other: _____
Primary MR Etiology/Category (If known): _____

I have reviewed 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.

Restrictions: _____
Examiner's Signature: _____ Date ___/___/___
Examiner's Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: _____



Official Special Olympics Release Form

Release To Be Completed By Adult Athlete

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 have had a full radiological examination which establishes the absence of Atlanto-axial instability. I am aware that I must have this 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 any time 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 those 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

Release 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 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 that would preclude the athlete's participation. I understand that if the athlete has Down Syndrome, he/she cannot participate in sports or events that by their nature result in hyperextension, radical flexion or direct pressure on the neck or upper spine, unless a full radiological examination establishes the absence of Atlanto-axial Instability. I am aware that the sports and events for which this radiological examination is required are 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 any time 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 provision 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 Adult Athlete

Date