Special Olympics Washington

Application For Participation

Western Washington - 2150 North 107th Suite 220, Seattle, WA 98133-9009 Ph. 1800-752-7559 or 206-362-4949
Eastern Washington - 8911 West Grandridge Blvd.#P, Kennewick, WA 99336-7126 Ph. 1800-442-2508 or 509-736-3669

Important - Form is valid for three years from *date of physical exam*.
This form is not valid unless signed by *Physician* on page 1 and *Adult Athlete* or *Guardian* on page 2.

Program/Team _____ Ethnicity (Optional)

Athlete's Name (Please Print) _____ ❑ Male ❑ Female **Date of Birth** / /

Athlete's Address _____

City _____ State **WA** Zip _____ Home Phone _____

Parent/Guardian's Name _____

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

City _____ State **WA** Zip _____ Home Phone _____

Parent Secondary Phone _____ Emergency Contact (other than parent/guardian) _____

Emergency Contact Address _____ City _____ State _____ Zip _____

Emergency Contact Phone (If other than Paren/Guardian) _____ Alternate Phone _____

Health/Accident Insurance Company _____ Policy # _____

Health History: To be completed by Parent/Caregiver/Physician

Yes	No		Yes	No		Yes	No	
❑	❑	*Heart disease / heart defect / high blood pressure	❑	❑	Tobacco use	❑	❑	Allergy:
❑	❑	*Chest pain	❑	❑	Easy bleeding	❑	❑	Medicines
❑	❑	*Seizures / epilepsy/fainting spells	❑	❑	*Asthma	❑	❑	Food
❑	❑	Emotional / psychiatric / behavioral	❑	❑	*Diabetes	❑	❑	Insect stings/bites
❑	❑	*Concussion or serious head injury	❑	❑	Special diet	❑	❑	Easy bleeding
❑	❑	*Major surgery or serious illness	❑	❑	Bone or joint problem			
❑	❑	*Blindness / visual problem	❑	❑	Sickle cell trait or disease			
❑	❑	Contact lenses / glasses	❑	❑	Heat stroke / exhaustion			
❑	❑	Hearing loss / hearing aid	❑	❑	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 perscribed and number of times per day medication is given. (For additional space please attach a seperate sheet of paper.)

Medication Name	Dosage Prescribed	Date	Times Per Day

Signature of Parent/Caregiver/Adult Athlete/Physician _____ Date / /

Atlanto-Axial Instability Assesment 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. 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: _____

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 _____

Physician Signature _____ Date / /

Physician Name (Print) _____ Phone _____

Physician Address _____ City _____ State _____ Zip _____

Special Olympics
Washington

Motivate. Inspire. Succeed.

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 Parent or Guardian **Date**