SPECIAL OLYMPICS OHIO APPLICATION FOR PARTICIPATION (Revised 2002)

DEMOGRAPHICS

COUNTY: _____

ORGANIZATION: _____ ___ ___ ☐ Male ☐ Female Date of Birth (month/day/year) _____/_____/_____

Athlete's Name _____

Athlete's Address _____ Athlete Home Phone # _____

City _____ State _____ Zip _____

Parent/Guardian's Name _____ Parent Primary Phone # _____

Parent/Guardian's Address (if different than athlete) _____ 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	☐	☐	Allergy:
☐	☐	Chest pain	☐	☐	Medicines: _____
☐	☐	Seizures / epilepsy/fainting spells	☐	☐	Food: _____
☐	☐	Diabetes	☐	☐	Insect stings/bites: _____
☐	☐	Concussion or serious head injury	☐	☐	Special diet
☐	☐	Major surgery or serious illness	☐	☐	*Asthma
☐	☐	Heat stroke / exhaustion	☐	☐	Tobacco use
☐	☐	Blindness / visual problem	☐	☐	Easy bleeding
☐	☐	Contact lenses / glasses	☐	☐	Emotional / psychiatric / behavioral
☐	☐	Hearing loss / hearing aid	☐	☐	Sickle cell trait or disease
☐	☐	Bone or joint problem	☐	☐	Immunizations up to date
			☐	☐	Other (For additional space, use back of form): _____

Date of most recent tetanus immunization _____/_____/_____

A physical examination by a licensed physician is required every three (3) years _____

If the local program has a reasonable basis for believing that there has been a significant change in the athlete's health since this history and physical examination, then the athlete shall be required to seek medical advice & submit a new application form before further Special Olympics participation.

Medications:

Please print medication name, amount, date prescribed and number of times per day medication is given. Attach separate sheet if necessary.

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 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: _____

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. Any significant change to the above information requires a new examination prior to any participation.

RESTRICTIONS: _____

EXAMINER'S SIGNATURE: _____ Date _____/_____/_____

EXAMINER'S NAME: _____

ADDRESS: _____

_____ 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 and two physicians have completed the official "Special Release for Athletes with Atlanto-axial Instability," available from the Special Olympics Chapter program in my state, or I have had a full radiological examination 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 any 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 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.)

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 activities. 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 my neck or upper spine unless I and two physicians have completed the official "Special Release for Athletes with Atlanto-axial Instability," available from the 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 any 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 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 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 programs.

_____ _____

Signature of Parent/Guardian Date