

OFFICIAL SPECIAL OLYMPICS RELEASE FORM

TO BE COMPLETED BY PARENT, GUARDIAN, CAREGIVER OR ADULT ATHLETE

Local Program _____

I represent and warrant that to the best of my knowledge and belief, _____ 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 Application for Participation, and has certified, based on an independent medical examination, that there is not 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 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 and diving starts in swimming, high jump, alpine skiing, and soccer.

In permitting the athlete to participate, I am specifically granting my permission 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 insure 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 authorize the participation of the athlete in the Healthy Athletes Programs which offer non-invasive health care services to athletes at Special Olympics events. Services may be offered in the following areas: vision; oral health; hearing; physical therapy; and a variety of health promotion areas (height, weight, sun protection, etc.). I understand the following: 1) participation in the Healthy Athletes venues is free of charge, 2) participation is voluntary and that authorization can be withdrawn at any time without penalty, 3) participation in Healthy Athletes is not a requirement for participation in other Special Olympics activities, 4) the provision of these health services is not intended as a substitute or alternative to regular care that has been received in the past or that may be recommended in the future, and 5) information that is gathered as a part of the screening process may be used in group form (anonymously) to assess and communicate the overall health needs of athletes and to develop programs to address those needs.

I, the undersigned, am parent, guardian, caregiver, athlete (own guardian) of the below specified person. I have read and fully understand the provisions of the above release and have explained them to that person. I hereby agree that I and said person will be bound thereby and I shall defend you and hold you harmless for any disaffirmation thereof by said person.

I hereby give my permission for _____ to participate in Special Olympics training, competition, and physical activity programs.

Signature of Parent/Guardian/Caregiver/Athlete (over 18-own guardian) _____

Date _____

ATHLETE VOLUNTEER SCREENING INFORMATION: Only to be completed if athlete is serving in a volunteer capacity (i.e. Global Messenger, speech coach, sport coach, etc.)

Please check yes or no

- | | | |
|---|------------|----------|
| 1. Do you use illegal drugs? | *yes _____ | no _____ |
| 2. Have you ever been convicted of a criminal offense? | *yes _____ | no _____ |
| 3. Have you ever been charged with neglect, abuse, or assault? | *yes _____ | no _____ |
| 4. Has your driver's license ever been suspended or revoked in any state? | *yes _____ | no _____ |

* You may be asked to provide a written explanation for questions answered "yes"

CENSUS UPDATE FORM

1 Please indicate all sports in which this athlete has participated in within the past three years.

<u>Aquatics</u> <input type="checkbox"/> <u>Alpine Skiing</u> <input type="checkbox"/> <u>Athletics</u> <input type="checkbox"/> <u>Basketball</u> <input type="checkbox"/> 5 on 5 <input type="checkbox"/> 3 on 3 <input type="checkbox"/> <u>Ind. Skills</u> <input type="checkbox"/> <u>Bocce</u> <input type="checkbox"/> Singles <input type="checkbox"/> Doubles <input type="checkbox"/> Team <input type="checkbox"/>	<u>Bowling</u> <input type="checkbox"/> Ramp <input type="checkbox"/> Singles <input type="checkbox"/> Doubles <input type="checkbox"/> Team <input type="checkbox"/> <u>Cheerleading</u> <input type="checkbox"/> <u>Cycling</u> <input type="checkbox"/> <u>Equestrian</u> <input type="checkbox"/> <u>Figure Skating</u> <input type="checkbox"/> <u>Floor Hockey</u> <input type="checkbox"/> <u>Gymnastics</u> <input type="checkbox"/>	<u>Golf</u> <input type="checkbox"/> Ind. Skills <input type="checkbox"/> 9 hole Ind <input type="checkbox"/> Alt shot <input type="checkbox"/> Team Play <input type="checkbox"/> 18 hole Ind. <input type="checkbox"/> <u>MATP</u> <input type="checkbox"/> <u>Powerlifting</u> <input type="checkbox"/> <u>Rollerskating</u> <input type="checkbox"/> <u>Soccer</u> <input type="checkbox"/> Team <input type="checkbox"/> Ind. Skills <input type="checkbox"/>	<u>Tennis</u> <input type="checkbox"/> Ind. Skills <input type="checkbox"/> Short Court <input type="checkbox"/> Match Play <input type="checkbox"/> <u>Softball</u> <input type="checkbox"/> Team <input type="checkbox"/> Ind. Skills <input type="checkbox"/> <u>Speed Skating</u> <input type="checkbox"/> <u>Volleyball</u> <input type="checkbox"/> Team <input type="checkbox"/> Ind. Skills <input type="checkbox"/> <u>Young Athletes Program</u> <input type="checkbox"/>	<u>Unified Sports™:</u> <u>Aquatics</u> <input type="checkbox"/> <u>Bocce Doubles</u> <input type="checkbox"/> <u>Bocce Team</u> <input type="checkbox"/> <u>Bowling Doubles</u> <input type="checkbox"/> <u>Bowling Team</u> <input type="checkbox"/> <u>Golf</u> <input type="checkbox"/> <u>Tennis</u> <input type="checkbox"/> <u>Softball</u> <input type="checkbox"/> <u>Volleyball</u> <input type="checkbox"/> <u>Other Sports?</u> _____
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2 Does this person only participate in Special Olympics Training? Yes No

3 Does this person participate in Special Olympics Athlete Leadership Programs (ALPs)? Yes No
 If yes, which programs? _____
 Does s/he only do ALPs (no sports training)? Yes No