



Application For Participation In Special Olympics

Section A Should Be Submitted Every Three (3) Years



Section A—Athlete Health Information

Area: _____

Athlete Social Security Number ____-____-____

Sex/Gender _____

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

Athlete Name: _____

Home Phone: _____

Address: _____

Work Phone: _____

Parent/Guardian Name _____

Home Phone: _____

Address (if different than athlete) _____

Emergency Contact (if other than parent/guardian) _____

Home Phone: _____

Health Insurance Company: _____

Policy #: _____

1. Down Syndrome	YES	NO		13. Impaired motor ability	YES	NO
Have cervical spine (neck bone) x-rays been done?	<input type="checkbox"/>	<input type="checkbox"/>		14. Uses a wheelchair	<input type="checkbox"/>	<input type="checkbox"/>
Atlanto Axial Instability	<input type="checkbox"/>	<input type="checkbox"/>		15. Allergy to the following (list specific)	<input type="checkbox"/>	<input type="checkbox"/>
2. Chest Pain or Fainting Spells	<input type="checkbox"/>	<input type="checkbox"/>		Medicine _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Seizures/ Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>		Foods _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>		Insect Sting/Bite _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Heart Disease/ Heart Defect/ High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>		16. Special diet _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Parent/ Sibling (under 40) died of heart disease	<input type="checkbox"/>	<input type="checkbox"/>	New Problem	17. Exercise induced wheezing	<input type="checkbox"/>	<input type="checkbox"/>
7. Absence of vision/ blind in one eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Tendency to bleed easily	<input type="checkbox"/>	<input type="checkbox"/>
8. Absence of one kidney or testicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Emotional/ psychiatric/ behavioral problems	<input type="checkbox"/>	<input type="checkbox"/>
9. Concussion or serious head injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Serious bone or joint disorder	<input type="checkbox"/>	<input type="checkbox"/>
10. Major surgery or serious illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Sickle cell trait or disease	<input type="checkbox"/>	<input type="checkbox"/>
11. Heat stroke/ exhaustion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Hearing aid/ hearing loss	<input type="checkbox"/>	<input type="checkbox"/>
12. Other problem that would interfere with sports participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Contact lenses/ eyeglasses	<input type="checkbox"/>	<input type="checkbox"/>
List: _____				24. Dentures/ false teeth	<input type="checkbox"/>	<input type="checkbox"/>
				25. Immunizations (shots) are up-to-date	<input type="checkbox"/>	<input type="checkbox"/>
				26. Date of last tetanus shot _____/_____/_____		

A physical examination performed by a licensed examiner is required every 3 years for athletes with YES in items 1-6. An exam is required the first time NEW is checked in items 7-12.

Comments: _____

Medications—Please print medication name, amount, date prescribed and number of times per day medication needs to be taken

Person completing form (normally parent/guardian or adult athlete) _____
Signature _____ Date _____

IF HISTORY SIGNED BY ADULT ATHLETE—I have reviewed the health history with the athlete whose signature appears above.

Signature _____ Date _____ Relationship to athlete (family member, friend, coach) _____

IMPORTANT: If there is any significant change in the athlete's health, the athlete's condition should be reviewed by a licensed examiner before further participation.

Section B—Medical Certification

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: equestrian sports, gymnastics, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, squat lift and soccer.

I have reviewed the above health information on and examined the athlete named in the application, and certify there is no medical evidence available to me which would preclude the athlete's participation in Special Olympics.

Restrictions _____

Examiner's Signature _____

Date _____

Examiner's Name _____

Address _____

Phone _____



APPLICATION FOR PARTICIPATION IN SPECIAL OLYMPICS

Instructions

1. Each athlete must have the **Application for Participation in Special Olympics** on file with Special Olympics Virginia prior to participating. Athletes must also have the **Official Special Olympics Release Form** on file. All Athletes must meet the Eligibility Requirements for participating in Special Olympics. Please check www.specialolympicsva.org for eligibility requirements or call 804-346-5544 if you have questions.
2. When completing this **NEW Application for Participation in Special Olympics** for the first time (SOVA began using this form on March 1, 2000), fill out all parts of this form, **Section A, Athlete Health Information** and **Section B, Medical Certification** completely.
3. **Section A** of this form must be updated and submitted once every three years in order for the athlete to maintain eligibility in the program. **Section A** can be completed by a parent, guardian, caseworker, teacher, etc. **Section B** must be completed every three years for athletes with **Yes** in Items 1-6 or the first time **New** is checked in Items 7-12.
4. Please make sure the Down Syndrome information, *Item 5, Section A*, is filled out completely. Athletes with Down Syndrome should have had the cervical spine x-rays. If the athlete has Down Syndrome with Atlanto Axial Instability checked YES, then the athlete will be restricted from those sports requiring hyper-extension, radical flexion or direct pressure on the neck and upper spine. Athletes with Down Syndrome who have not had x-rays or for whom the spaces under cervical spine x-rays or Atlanto Axial are left blank will also be restricted.
5. **Section B, Medical Certification**, must be completed by a Doctor of Medicine (MD), Doctor of Osteopathy (DO), Licensed Nurse Practitioner (NP), or a Licensed Physician's Assistant (PA). Make sure that the examiner records the date on which the exam was given. Without a date, the form will be invalid.
6. Please be sure the name, address, and telephone number of the person who provides the physical examination is clearly printed under the signature space in Section B (a stamped impression of this information is satisfactory).
7. Return the completed form to **Special Olympics Virginia, P.O. Box 1906, Harrisonburg, VA 22801** or return the form to your local Special Olympics representative.

CLARIFICATION: ALL ATHLETES MUST COMPLETE A NEW FORM IF THEY HAVE NOT DONE SO PREVIOUSLY.

Revised February 14, 2003



Official Special Olympics Release Form

Area Number: _____

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 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, squat lift, 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 an/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 give my permission for the athlete named above to participate in optional health education and screening activities (eg. dental, vision, hearing screening, pre-participation examinations).

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. 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 the 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, squat lift, 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 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 an/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 give my permission for the athlete named above to participate in optional health education and screening activities (eg. dental, vision, hearing screening, pre-participation examinations).

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 _____ Date _____

Form HA
3/09/04



OFFICIAL SPECIAL OLYMPICS RELEASE FORM

INSTRUCTIONS

1. Each athlete must have the **Application for Participation in Special Olympics** on file with Special Olympics Virginia prior to participating (athletes must also have the **Official Special Olympics Release Form** on file). These forms may be completed at any time.
2. The **Official Special Olympics Release Form** must be signed by the *parent, legal guardian, or adult athlete*.
3. The **Official Special Olympics Release Form** only needs to be completed one time and is good for as long as the athlete remains a participant in the program.
4. Return the completed form to **Special Olympics Virginia, P.O. Box 1906, Harrisonburg, VA 22801** or return the form to your local Special Olympics representative.

Revised March 9, 2004