

	APPLICATION FOR ATHLETE PARTICIPATION IN SPECIAL OLYMPICS	Please check appropriate box:
Male _____ Female _____		<input type="checkbox"/> Special Olympics Athlete
Date of Birth _____ / _____ / _____		<input type="checkbox"/> Unified Teammate / Partner
Height _____ Weight _____	COUNTY _____ School or Agency _____	

Name of Athlete:	Day Phone Number: ()	Evening Phone Number: ()
Address:	City:	State: Zip:
Parent or Guardian:	Day Phone Number: ()	Evening Phone - Cell Number: ()
Address:	City:	State: Zip:

EMERGENCY INFORMATION

Emergency Contact Person:	Day Phone Number: ()	Evening Phone - Cell Number: ()
Address:	City:	State: Zip:

HEALTH AND ACCIDENT INSURANCE INFORMATION

Company Name: Must be filled in (Athletes without insurance, write NONE)	Must be filled in Policy Number:
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HEALTH INFORMATION

Please Circle Appropriate: Please Circle Each Response "Yes" or No"

Down Syndrome	YES	NO	Fainting Spells	YES	NO
Atlanto-axial instability Evaluation by X-ray (circle YES for positive, NO for negative and NONE for no X-Ray available)	YES	NO	Heat illness or Cold Injury	YES	NO
	NONE		Hernia or Absence of 1 Testicle	YES	NO
HISTORY OF			Recent Contagious Disease or Hepatitis	YES	NO
Diabetes	YES	NO	Kidney problems or loss of function in one kidney	YES	NO
Heart Problems	YES	NO	Pregnancy	YES	NO
Seizures	YES	NO	Bone or Joint problems	YES	NO
Legally Blind	YES	NO	Contact Lens / Glasses	YES	NO
Vision problems and/or less than 20/20 vision in one or both eyes	YES	NO	Dentures / False Teeth	YES	NO
Legally Deaf	YES	NO	Emotional problems	YES	NO
Hearing Aid / Hearing problems	YES	NO	Special Diet needs	YES	NO
Requires Wheelchair	YES	NO	Asthma	YES	NO
Motor impariment requiring special equipment	YES	NO	High / Low Blood Pressure	YES	NO
			Other		
Non-Verbal Individual	YES	NO	Blood Pressure: _____ / _____	Pulse: _____	
Bleeding Problem	YES	NO			

COMMENTS - SEE BACK

MEDICATIONS

Medication Name:	Amount:	Time:	Date Prescribed:

Allergies to Medication: _____

IMMUNIZATIONS

Tetanus:	Yes	No	Date of Last Tetanus Shot:	Polio:	Yes	No
Signature of Person Who Completed Health Information (Normally signed by Parent, Guardian or Adult Athlete)						

Signature Required

SIGNATURE:	DATE:
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IF THERE IS ANY SIGNIFICANT CHANGE IN THE ATHLETE'S HEALTH, THE ATHLETE'S CONDITION SHOULD BE REVIEWED BY A PHYSICIAN BEFORE FURTHER PARTICIPATION

MEDICAL CERTIFICATION

NOTICE TO PHYSICIAN: If the athlete has Down Syndrome, Special Olympics requires that the athlete have 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 hyper-extension, 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 and soccer.

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

THIS CERTIFICATE IS VALID UP TO 3 YEARS

Athlete Restrictions:			
Physician's Name:	Phone Number ()	State:	Zip:
Address:	City:	State:	Zip:
PHYSICIAN'S SIGNATURE:			DATE:

Doctor's Comments: _____

PLEASE SIGN AND DATE EITHER SECTION "1" OR "2"
(1) RELEASE TO BE COMPLETED BY ADULT ATHLETE

(1) 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 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 and/or applying for funds to support those purposes and activities.

If, during my participating 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.

(1) 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.

(1) Name (Print): _____

(1) Relationship to Athlete _____

(1) Parent/Guardian-Email: _____

OR

(2) RELEASE TO BE COMPLETED BY PARENT OR GUARDIAN OF A MINOR ATHLETE

(2) I am the parent/guardian of _____ a 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 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 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 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 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 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 activities programs.

(2) Signature of parent/guardian _____ Date ____ / ____ / ____

(2) Parent/Guardian-Email: _____

► **MAIL OR EMAIL COMPLETED, SIGNED & DATED FORM TO:**

**SO Montgomery County, 980 Harvest Drive, Suite 203, Blue Bell PA 19422 or
specialolympicsmontco@verizon.net**



Special Olympics Pennsylvania Code of Conduct

In an effort to become a more inclusive organization, Special Olympics Pennsylvania has created a Code of Conduct to help everyone of all ability levels understand how to appropriately conduct themselves and make SOPA a safe and fun organization for everyone involved.

GENERAL GUIDELINES

Respect & Sportsmanship:

- I will respect participants, coaches, officials, volunteers, spectators, training/competition facilities, SOPA Staff, and myself.
- I will respect the decision of officials and SOPA staff and will communicate any difference of opinion I may have in accordance to SOPA guidelines.
- I will respect all individuals regardless of their ability or limitations.
- I will demonstrate good sportsmanship at all times regardless win or lose.

Behavior:

- I will wear appropriate attire with pride to the delegation that is required at all times.
- I will keep my appearance and hygiene appropriate at all times.
- I will not use profanity or insulting language and/or gestures while representing Special Olympics PA.
- I will not smoke, use tobacco products, consume alcohol or take any drugs or drugs not prescribed to me while representing Special Olympics PA.
- I will not take pictures and/or videos of participants, coaches, officials, volunteers, spectators and SOPA Staff that may make them or someone else uncomfortable or are inappropriate.
- I will not engage in inappropriate contact, relationships, or any other physical/verbal/sexual advances or any conduct that may make someone else feel uncomfortable.
- I understand SOPA's No Dating Policy between athletes and volunteers/staff and I will contact SOPA's Senior VP of Programming if further explanation is required.
- I will represent Special Olympics PA with appropriate behavior in competitive and non competitive situations which include, but are not limited to: restrooms, locker rooms, housing and dining facilities.

Responsibility for Actions:

- I know that personal belongings (cell phone, hand held audio/video devices, wallet, keys, etc.) I bring to training, competition, and traveling are my responsibility and my local program and/or SOPA are not responsible.
- I will express any concerns I may have to the appropriate person in a positive manner.
- I will obey all local, state and Federal laws.

- I will follow all rules implemented by SOPA and/ or the host of any other event I am representing Special Olympics PA.

ATHLETE/UNIFIED PARTNER GUIDELINES

Responsibility for Actions:

- I will not use my cell phone and any other electronic devices while training and competing unless in an emergency.
- If I am caught using a personal device at an inappropriate time and/or in an inappropriate manner (i.e. making a phone call/texting during training and competition), I understand the device I used may be taken away by my coach(es) or local management team member for a period of time.
- I will follow all training, competition and travel instructions by my coach(es).
- I will stay with my delegation at all times.
- I will use locker rooms and housing facilities appropriate to my gender.

Honest Effort:

- I will learn and follow the rules of my sport.
- I will give my best effort while training and competing.
- I will not hold back during preliminary rounds by playing below my ability level to get placed into an easier division.

Well-Being:

- I will have my Application for Participation current prior to the start of the season.
- I will communicate all changes that may occur on my Application for Participation during any season.

SIGN OFF

- I have read, or have had read to me, both the general guidelines for the SOPA Code of Conduct, as well as the guidelines in regards to my position as an Athlete, Unified Partner, Coach, or Local Program Volunteer. By signing this Code of Conduct, I understand any violations may result in the loss of my eligibility to participate in and attend Special Olympics PA events.
- On behalf of _____, I have read and explained to them both the general guidelines for the SOPA Code of Conduct, as well as the guidelines in regards to their position as an Athlete, Unified Partner, Coach, or Local Program Volunteer. By signing this Code of Conduct on their behalf, I understand any violations may result in the loss of their eligibility to participate in and attend Special Olympics PA events.

Signature

Date