



ATHLETE RELEASE FORM

Section B.

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. 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 medical professional 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 Program in my jurisdiction, 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 judo, equestrian sports, gymnastics, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, snowboarding, squat lift and football team competition (soccer).

In permitting the Athlete to participate, I am specifically granting my permission, forever, 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 publicizing, promoting or communicating the purposes and activities of Special Olympics and/or applying for funds to support those purposes and activities.

By signing below, I am also permitting the Athlete to participate in the Special Olympics Healthy Athletes Program, which provides individual screening assessments of health status and health care needs in the areas of: vision; oral health; hearing; physical therapy; and a variety of health promotion areas (height, weight, sun protection, etc.). I understand that information gathered as part of the Healthy Athletes Program 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 understand that notwithstanding my consent, there is no obligation for the Athlete to participate in the Healthy Athletes Program and that I may decide that the Athlete will not participate. I understand that provision of these health services is not intended as a substitute for regular care. I also understand that the Athlete should seek his/her own medical advice and assistance irrespective of the provision of these services and that Special Olympics through the provision of these services is not making itself responsible for Athlete's health.

I acknowledge that Special Olympics events may involve overnight activities and that the housing arrangements for each event may differ. I understand that I should contact the Special Olympics Program in my jurisdiction if I have any questions about housing arrangements for a specific event or the housing policy in general.

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, that Special Olympics deems advisable in order to protect the Athlete's health and well-being. **(IF YOU HAVE RELIGIOUS OBJECTIONS TO RECEIVING SUCH MEDICAL TREATMENT, PLEASE CROSS OUT THIS PARAGRAPH, INITIAL IT AND SIGN AND ATTACH THE SPECIAL PROVISIONS REGARDING MEDICAL TREATMENT FORM)**

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

APPLICATION FOR PARTICIPATION IN SPECIAL OLYMPICS CONNECTICUT

LOCAL PROGRAM: PLEASE CHECK **NEW** **RENEWAL**

Name (First – Last): _____

Date of birth: ____/____/____ Gender ___Male ___Female Phone: ()

Street: _____

City: _____ State: _____ ZIP Code: _____

PARENT OR GUARDIAN INFORMATION

Name _____

Address (if different than athlete's) _____

City _____ State: _____ ZIP Code: _____

Phone Home: _____ Work: _____ Mobile: _____

E-Mail _____

EMERGENCY CONTACT IF DIFFERENT THAN PARENT OR GUARDIAN

Name: _____ Phone: _____

HEALTH HISTORY

AN UP TO DATE HEALTH HISTORY AND A PHYSICAL EXAMINATION PERFORMED BY A LICENSED PHYSICIAN IS REQUIRED UPON ENTRY INTO THE PROGRAM. A PHYSICAL EXAMINATION IS REQUIRED EVERY 3 YEARS FOR ATHLETES WITH "YES" RESPONSES TO ITEMS 1 -5. A PHYSICAL EXAMINATION IS REQUIRED FOR ALL ATHLETES WITH A "NEW PROBLEM" RESPONSE TO ITEMS 7-11. ATHLETES MUST SUBMIT THIS FORM EVERY 3 YEARS WHETHER OR NOT AN EXAMINATION IS NECESSARY.

1. HEART PROBLEMS ___YES ___NO	9. SURGERY OR ILLNESS ___YES ___NO ___NEW	17. EMOTIONAL/BEHAVIOR PROBLEMS ___YES ___NO
2. CHEST PAINS ___YES ___NO	10. HEAT STROKE/COLD ILLNESS ___YES ___NO ___NEW	18. BONE OR JOINT DISORDER ___YES ___NO
3. SEIZURES/EPILEPSY ___YES ___NO	11. OTHER PROBLEM (S) THAT WOULD INTERFERE	19. SICKLE CELL/TRAIT DISEASE ___YES ___NO
4. DIABETES ___YES ___NO	WITH SPORTS PARTICIPATION ___YES ___NO ___NEW	20. HEARING LOSS/ HEARING AID ___YES ___NO
5. DOWN SYNDROME ___YES ___NO	LIST: _____	21. CONTACTS/EYEGLASSES ___YES ___NO
NECK X-RAY DONE ___YES ___NO	12. IMPAIRED MOBILITY ___YES ___NO	22. DENTURES/FALSE TEETH ___YES ___NO
INSTABILITY PRESENT ___YES ___NO	13. USES A WHEELCHAIR ___YES ___NO	23. DATE OF LAST TETANUS SHOT ____/____/____
6. BLINDNESS/VISION PROBLEM ___YES ___NO ___NEW	14. SPECIAL DIET ___YES ___NO	24. LIST ALLERGY TO: INSECT STING ___YES ___NO
7. ABSENCE OF KIDNEY/TESTICLE ___YES ___NO ___NEW	15. ASTHMA ___YES ___NO	MEDICINE _____ ___YES ___NO
8. HEAD INJURY/CONCUSSION ___YES ___NO ___NEW	16. BLEEDING PROBLEMS ___YES ___NO	FOODS _____ ___YES ___NO

ADDITIONAL COMMENTS: _____

MEDICATIONS: PLEASE PRINT MEDICATION NAME, AMOUNT AND NUMBER OF TIMES PER DAY MEDICATION NEEDS TO BE TAKEN: _____

SIGNATURES

EXAMINERS NOTE: If an 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 football team competition (soccer).

RESTRICTIONS: _____ DATE: ____/____/____

EXAMINERS SIGNATURE: _____ DATE: ____/____/____

EXAMINERS NAME: _____ PHONE: ()

APPLICANT OR PARENT/GUARDIAN SIGNATURE: _____ DATE: ____/____/____

THIS FORM MUST BE COMPLETED LEGIBLY, SIGNED AND DATED TO BE CONSIDERED VALID.