Circle One

NEW **RENEWAL**

APPLICATION FOR PARTICIPATION (Medical Form)

(must be completed and signed by licensed examiner every 3 years)

Special Olympics Florida

REQUIRED COUNTY _____ School/Agency:_____

SSN:_____/_____/_____ T-shirt Size: Children:_____ OR Adult:_____

REQUIRED LAST NAME_____ FIRST_____ SEX/DATE OF BIRTH **(REQUIRED)**

M or F month/day/year

Street Number/Address_____ _____ _____/_____/_____

City_____ State _____ Zip Code_____ Email _____

REQUIRED P/Guardian_____ Cell Phone (_____) _____

ss (if different)_____ Home Phone (_____) _____

City_____ State_____ Zip Code_____ P/G Email _____

Emergency Contact (other than parent/guardian)_____ Emerg. Phone (_____) _____

Health Insurance Company_____ Ins. Policy #_____

REQUIRED → Signature of parent/legal guardian/adult athlete completing form_____

REQUIRED → **ALSO PRINT NAME** _____

FOR ATHLETES WITH DOWN SYNDROME -- Persons with Down syndrome should have a lateral x-ray of the cervical spine in hyperflexion and hyperextension. The interpretation of the radiographs should include measurements of the atlanto-dens interval.

☐ Yes ☐ No Has an x-ray evaluation for atlantoaxial instability been done?

☐ Yes ☐ No If yes, was it positive for atlantoaxial instability? (positive indicates that the atlanto-dens interval is 5mm or more)

IS THERE PRESENT OR A HISTORY OF (to be completed by parent/caregiver):

Blind	☐ Yes	Tobacco use	☐ Yes	Emotional/psychiatric/behavioral problems	☐ Yes
Deaf	☐ Yes	Major surgery or serious illness	☐ Yes	Asthma/breathing problems with exertion	☐ Yes
Heart problems/high blood pressure	☐ Yes	Heat stroke/exhaustion	☐ Yes	Contact lenses/glasses/dentures/false teeth	☐ Yes
Seizures/epilepsy/fainting spells	☐ Yes	Easy bleeding	☐ Yes	Head injury/history of concussion	☐ Yes
Diabetes	☐ Yes	Bone/joint problems	☐ Yes	Immunizations (shots) are up-to-date	☐ Yes
Hearing aid/hearing problems	☐ Yes	Sickle cell disease or trait	☐ Yes	Special Diet Needs (list below)	☐ Yes
Blindness/vision problem	☐ Yes	Uses a wheelchair	☐ Yes	Year of last tetanus shot_____	

Other problems that would interfere with participation _____

Allergy to the following (list specific):

Food_____ Insect sting/bites_____

Medication_____

MEDICATIONS

Medication Name	Dosage	Date Presc.	Times per day	Medication Name	Dosage	Date Presc.	Times per day

PHYSICAL EXAMINATION

			Normal	Abnormal		Normal	Abnormal		Normal	Abnormal
Blood Pressure	_____	Vision	☐	☐	Oral Cavity	☐	☐	Cardiovascular system	☐	☐
Pulse	_____	Hearing	☐	☐	Extremities	☐	☐	Respiratory system	☐	☐
Weight	_____	Neck	☐	☐	Coordination	☐	☐	Gastrointestinal system	☐	☐
Height	_____	Skin	☐	☐	Reflexes	☐	☐	Genitourinary system	☐	☐
								Cranial nerves	☐	☐

Other:_____

Primary MR Etiology/Category_____

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

Restrictions_____

REQUIRED Examiner's Name:_____ Certification: ☐ MD ☐ DO ☐ DC ☐ PA ☐ ARNP

REQUIRED **EXAMINER'S SIGNATURE**_____ **REQUIRED** **DATE:**_____

OPTIONAL INFORMATION

Ethnic background: ☐○ Asian ○ African American ○ Caucasian ○ Hispanic ○ Native American ○ Other_____

Rev. 5-2013

OFFICIAL SPECIAL OLYMPICS ATHLETE RELEASE FORM

COUNTY: _____ **SCHOOL/AGENCY:**_____

ATHLETE NAME Last: _____ First: _____

DATE OF BIRTH: _____/_____/_____
month day year

I represent and warrant that, to the best of my knowledge and belief, I (or my minor child) am (is) physically and mentally able to participate in Special Olympics activities. I represent that I meet the eligibility requirement(s) for participation in Special Olympics by having an intellectual and/or developmental disability. I also represent that a licensed physician has reviewed the health information contained in my (or my minor child's) application and has certified, based on an independent medical examination, that there is no medical evidence which would preclude me (or my minor child) from participating in Special Olympics. I understand that if I (or my minor child) have (has) Down Syndrome, I (or my minor child) cannot participate in sports or events which, by their nature, result in hyper-extension, radical flexion or direct pressure on my (or my minor child's) 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 area, or I (or my minor child) have (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, I (or my minor child) must have the radiological examination before I (or my minor child) can participate in equestrian sports, gymnastics, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, squat lift and football (soccer).

Special Olympics has my permission, (both during and anytime after), to use my (or my minor child's) 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 soliciting funds, directly or in conjunction with an approved third party, to support these purposes and activities.

Special Olympics Florida shall not deny an applicant or revoke a volunteer's status for reasons of ethnicity, gender, sexual orientation or age.

TO BE COMPLETED BY
ADULT ATHLETE AND ONE WITNESS

If, during my participation in Special Olympics activities, I should need emergency 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 understand that it is my responsibility to acquire, review and complete the Athlete Code of Conduct form for the safety and health of both myself and my fellow athletes.

I am at least 18 years old and have submitted the attached application for participation in Special Olympics. I 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.

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 my local Program office if I have any questions about housing arrangements for a specific event or the housing policy in general.

_____ _____
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.

_____ _____ _____
SIGNATURE OF WITNESS **PRINT NAME OF WITNESS** **RELATIONSHIP**

OR

TO BE COMPLETED BY
PARENT/LEGAL GUARDIAN OF MINOR ATHLETE

If a medical emergency should arise during the minor 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 minor athlete's health and well-being.

I understand that it is my responsibility to acquire, review and complete the Athlete Code of Conduct form, with and for my athlete, for the safety and health of both my child/guard and their fellow athletes.

I am the parent/guardian of the minor 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 permission for the athlete named above to participate in Special Olympics games, recreation programs and physical activity programs.

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 my local Program office if I have any questions about housing arrangements for a specific event or the housing policy in general.

Special Olympics Florida shall not deny an applicant or revoke a volunteer's status for reasons of ethnicity, gender, sexual orientation or age.

_____ _____
SIGNATURE OF PARENT/ LEGAL GUARDIAN **DATE**

PRINT NAME _____

Rev. 7 - 2013

SPECIAL OLYMPICS FLORIDA
HEALTHY ATHLETE CONSENT FORM

Athlete's Name (please print): _____
First Last

Date of Birth:_____/_____/_____ County:_____
Month Day Year

Special Olympics offers certain non-invasive health care services to athletes at local, state, national, and World Games venues through the Healthy Athletes Program. These services may include individual screening assessments of health status and healthcare needs, provision of health education, routine preventive services (e.g., protective mouth guards), educational services, and, in the case of vision and hearing deficits, provision of needed eyewear (glasses, swim goggles, protective eyewear) and hearing aids. Athletes are informed as to their health status and advised of the need for follow-up care. In addition, information collected at the time services are provided has been invaluable for developing policies, securing resources, and implementing programs to better meet the health needs of athletes.

Adult Athlete:

I understand that by signing below, I consent to participate in the Special Olympics Healthy Athletes program that provides individual screening assessments of health status and healthcare 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 there is no obligation for me to participate in the Healthy Athletes Program should I decide not to participate. Provision of these health services is not intended as a substitute for regular care. I also understand that I should seek my own independent medical advice and assistance, irrespective of the provisions of these services and that Special Olympics is not through the provision of these provisions responsible for my health. I understand that information that is gathered as 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.

_____
Signature of Adult Athlete

_____
Date

OR

Parent/Legal Guardian of Minor Athlete:
Parent/Guardian or Minor Athlete

I understand that by signing below, I consent to the above athlete's participation in the Special Olympics Healthy Athletes program that provides individual screening assessments of health status and healthcare 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 there is no obligation for the athlete named above to participate in the Healthy Athletes Program should the athlete decide not to participate or should I decide the athlete shall not participate. Provision of these health services is not intended as a substitute for regular care. I also understand that I should seek my own independent medical advice and assistance irrespective of the provisions of these services for the athlete named above and that Special Olympics is not through the provision of these provisions responsible for the health of the athlete named above. I understand that information that is gathered as 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.

_____
Printed Name of Parent/Guardian

_____
Signature of Parent/Guardian

_____
Date

NOTE: This authorization shall remain effective unless the consenting party requests termination or the scope

SPECIAL OLYMPICS FLORIDA

ATHLETE CODE OF CONDUCT

In May 2000, the first Global Athlete Congress was held in The Netherlands. Special Olympics athletes from all over the world met to discuss important issues. These athletes asked for a "Code of Conduct," or written set of rules for all athletes to follow. All Special Olympics competitors are ambassadors for the Special Olympics movement all around the world. This Code of Conduct holds all Special Olympics athletes to the highest standards of competition in keeping with the Olympic sprit.

Special Olympics show the world the highest ideals of sport just like the Olympic Games. The Special Olympics oath is:

"Let me win, but if I cannot win, let me be brave in the attempt."

Every Special Olympics athlete repeats these words before each competition. The oath is a pledge, or promise, to try to achieve the highest level of competition and good sportsmanship.

As a Special Olympics athlete, I pledge that:

RESPECT FOR OTHERS

- I will respect the rights, dignity and worth of other athletes, coaches, volunteers, friends and spectators in Special Olympics.
- I will treat everyone equally regardless of sex, ethnic origin, religion or ability.
- I will display control, respect, dignity and professionalism to all involved including athletes, coaches, opponents, officials, administrators, parents, spectators and media.

SPORTSMANSHIP

- I will practice good sportsmanship.
- I will not use bad language. I will not swear or insult other persons. I will not fight with other athletes, coaches, volunteers, staff or spectators.
- I will train regularly and commit to knowing and playing by the rules of my sport.
- I will listen to my coaches and the officials and ask questions when I do not understand.
- I will always try my best during training, divisioning and competitions. I will not "hold back" in preliminaries just to get into an easier final heat.

SPECIAL OLYMPICS FLORIDA
ATHLETE CODE OF CONDUCT (cont)

RESPONSIBILITIES FOR MY ACTIONS

- I will dress and act, at all times, in a professional manner that will be a credit to Special Olympics. Profanity, taunting and other forms of poor sportsmanship are subject to immediate ejection.
- I will not engage in any type of inappropriate behavior, sexual activity, and/or verbal or physical abuse with either Special Olympics athletes, staff, officials or other volunteers.
- I understand that I am responsible for my own actions, health and safety, to the extent that I am able.
- I will respect the property of hotels, dormitories, athletic facilities and dining facilities.
- I will not take part in the consumption of alcoholic beverages and/or controlled substances during any Special Olympics training or competition.
- I will not take part in smoking or chewing tobacco at any training or competition site except in designated smoking areas.

By signing below, I am saying that:

- I have read (or have had read to me) this Athlete Code of Conduct.
- I agree to obey this Athlete Code of Conduct.
- I understand the words and meaning of this Athlete Code of Conduct.
- I understand that this Athlete Code of Conduct is a general guide for my conduct and does not describe all types of good and bad behavior.
- I understand that if I do not obey this Code of Conduct my Program or a Games Organizing Committee may not allow me to participate.

_____ _____

Print Name of Athlete DOB County
Program

_____ _____

Signature of Athlete Date

Witness: I hereby certify that I have reviewed this Code of Conduct with the athlete whose signature appears above. I am satisfied, based on that review, that the athlete understands this document and has agreed to its terms.

Witness signature_____ Relationship to athlete_____

OR

I have explained this Code of Conduct to my child/athlete and they understand to the best of their ability. I agree that my child/athlete will be held accountable for their behavior as specified in this Code of Conduct.

_____ _____

Parent/Guardian signature Date