



FORM C 2 – Athlete Authorization Minor Section B

Authorization 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 ruling out Atlanto-Axial Instability 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, Inc. to use and allow others to use the athletes likeness, name, voice and words in television, radio, film, newspapers, magazines, on the Internet, World Wide Web and/or other media, and in any form, for the purpose of publicizing, promoting or communicating the purposes and activities of Special Olympics, including the 2013 Special Olympics World Winter Games (Games) and/or applying for funds to support these purposes and activities.

By signing below, I am also permitting the Athlete to participate in the Special Olympics Healthy Athletes program that 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 notwithstanding my consent, there is no obligation for the Athlete to participate in the Healthy Athlete program and that I may decide that the Athlete not to participate at any time. 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 Athletes health. 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.

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 athletes health and well-being.

I understand that Special Olympics, Inc. (SOI) is collecting the Athlete personal information as provided by me through this registration packet. I further understand and acknowledge that SOI will disclose the personal information, including the information collected through this registration material, to the 2013 Special Olympics World Winter Games Organizing Committee (GOC) and that either SOI or the GOC will input the personal information I provided into a computerized database that will be maintained by SOI after the 2013 Games end. I further understand that SOI and the GOC will use the information provided by me to conduct the 2013 Games, including for the following or similar purposes: 1) compiling results of the Games for SOI, the media and the public (including via a Web site that may provide certain information about the Athlete and video or pictures of the Athlete participating at the Games); verifying participation in the 2013 Games; conducting training on divisioning; conducting statistical analysis; providing 2013 Games related services, such as housing, transportation, meals and medical; and for other purposes as SOI or GOC deem necessary to protect the minor Athletes health and safety. I acknowledge and understand that the GOC may disclose Athlete personal information to certain government authorities for the purpose of obtaining any required visas so that the Athlete may travel to the Republic of Korea.

I am the parent (guardian) of the athlete named in this application. I have read and fully understand the provisions of the above Authorization, and have explained these provisions to the athlete. Through my signature on this Authorization 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 or Guardian

Date