



***Special Olympics***

**SPECIAL OLYMPICS ATHLETE REGISTRATION PACKET**

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### ATHLETE DATA FORM

#### Personal Information

Special Olympics Program: \_\_\_\_\_ Sub-Program(if applicable): \_\_\_\_\_

Name (Last/Family): \_\_\_\_\_ (First/Given): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code \_\_\_\_\_

Country: \_\_\_\_\_

Gender: Male  Female  Birth Year: \_\_\_\_\_

Medical Form Date: \_\_\_\_\_ Release Form Date: \_\_\_\_\_

Date **this** form was completed: day/month/year \_\_\_\_ / \_\_\_\_ / \_\_\_\_ By: Name \_\_\_\_\_

Coach  
 Parent/Guardian  
 Other \_\_\_\_\_

**Please mark if participating in:**

- Athlete Leadership Program (ALPs)  *(If competed or trained in a sport during 2002 please complete below)*
- Motor Activities Training Program (MATP)
- Unified Sports as a Partner  *(Mark all sports competing in during 2002 below under the Unified column)*

#### Sports Information

*Please indicate all sports in which this person trained and/or competed in between 01 January 2002 and 31 December 2002. (Mark all that apply)*

|            | Training                 | Competition              | Unified                  |                   | Training                 | Competition              | Unified                  |               | Training                 | Competition              | Unified                  |                      |                          |                          |                          |
|------------|--------------------------|--------------------------|--------------------------|-------------------|--------------------------|--------------------------|--------------------------|---------------|--------------------------|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|--------------------------|
| Aquatics   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Equestrian Sports | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Softball      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Alpine Skiing        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Athletics  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Football (Soccer) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Table Tennis  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cross Country Skiing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Badminton  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Golf              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Team Handball | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Figure Skating       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basketball | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gymnastics        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tennis        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor Hockey         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bocce      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Powerlifting      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Volleyball    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Snowboarding         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bowling    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Roller skating    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other: _____  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Snowshoeing          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cycling    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sailing           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               |                          |                          |                          | Speed Skating        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Training**—Check all sports trained in during 2002. (A minimum of eight weeks per season in a Special Olympics sport.)

**Competition**—Check all sports competed in during 2002. These competitions include any local, state, or national Special Olympics Competition according to Special Olympics standards (competition provides dignity to the athlete by offering Opening Ceremonies, Awards Ceremonies and Closing Ceremonies);

**Unified**—Check all sports competed in during a Unified Competition during 2002.



## ATHLETE DATA FORM – INSTRUCTIONS

### Personal Information

1. **Special Olympics Program:** Enter the name of the Program. Usually Country or State name.
2. **Sub-Program** (if applicable): Enter the name of the Sub-Program (if applicable).
3. **Name:** Enter the person's Last/Family/Surname; then enter First/Given Name.
4. **Mailing Address:** Enter the person's mailing address, city, state/province, postal code and country. Please be as accurate as possible. If living at an institution, please provide institution address.
5. **Gender:** Check Male or Female.
6. **Birth Year:** Enter the person's year of birth.
7. **Medical Form Date:** Enter date that completed Medical Form was submitted.
8. **Release Form Date:** Enter date of submission of completed Athlete Release Form (form contains a release to be signed by an adult athlete or by a parent/guardian of a minor athlete concerning medical matters and permissions concerning publicity).
9. **Date this form was completed:** Enter the date this form was completed.
10. **By:** Enter the name of the person completing this form. Also check if you are a coach, parent/guardian, or other.

#### Please mark if participating in:

- **Athlete Leadership Program (ALPs):** Mark if person participates in ALPs. If also competed/trained continue to sports information.
- **Motor Activities Training Program (MATP):** Mark if person was a MATP participant.
- **Unified Sports as a Partner:** Mark if person competed in Unified competition, but does not have mental retardation or mental handicap. If marked, continue to sports and mark all that apply in the Unified column).

### Sports Information

#### A Special Olympics Athlete is defined as:

- A person with mental retardation or mental handicap;
- Who trains for a minimum of eight weeks per season in a Special Olympics sport ;
- Who competes in a local, state, or national Special Olympics Competition according to Special Olympics standards (competition provides dignity to the athlete by offering Opening Ceremonies, Awards Ceremonies and Closing Ceremonies);
- Motor Activities Training Program participants.

Complete this information for all sports in which person has trained and/or competed from 01 January 2002 and 31 December 2002.

1. For each sport listed, mark the appropriate box(es) that apply to the athlete:
  - Mark "**Trained**" if person has trained for this sport within the past 12 months but has NOT competed.
  - Mark "**Competed**" if person has trained AND competed in this sport within the past 12 months.
  - Mark "**Unified**" if person participated in this sport during a Unified Sports Competition.
2. **Other:** Use this field to enter up to two Nationally popular sports that person has trained and/or competed in within the last 12 months. Follow guidelines above and mark the appropriate field(s).

*ANY CHANGES OR ADDITIONS TO THE ATTACHED FORM MUST BE APPROVED BY SOI*



**ATHLETE MEDICAL FORM - PAGE 1**

| DEMOGRAPHICS  |   |
|---|---|
| PROGRAM: _____  |   |
| Athlete's Social Security # _____ - _____ - _____ (if US Citizen) | <input type="checkbox"/> Male      Date of Birth (month/day/year)<br><input type="checkbox"/> Female      _____/_____/_____ |
| Athlete's Name _____  | Athlete's Home Phone # _____  |
| Athlete's Address _____   | Parent's Work Phone # _____   |
| Parent/Guardian's Name _____                                      | Parent's Home Phone # _____   |
| Parent/Guardian's Address (if different than athlete) _____       | Emergency Contact's Phone # _____   |
| Emergency Contact (if other than parent/guardian) _____           | Policy # _____  |
| Health/Accident Insurance Company _____                           |   |

| HEALTH HISTORY: TO BE COMPLETED BY PARENT/CAREGIVER  |                          |   |                          |                          |                                      |                  |               |
|--|--------------------------|---|--------------------------|--------------------------|--------------------------------------|------------------|---------------|
| Yes  | No                       |   | Yes                      | No                       |                                      |                  |               |
| <input type="checkbox"/>   | <input type="checkbox"/> | *Heart disease / heart defect / high blood pressure | <input type="checkbox"/> | <input type="checkbox"/> | Allergy: _____                       |                  |               |
| <input type="checkbox"/>   | <input type="checkbox"/> | *Chest pain   | <input type="checkbox"/> | <input type="checkbox"/> | Medicines: _____                     |                  |               |
| <input type="checkbox"/>   | <input type="checkbox"/> | *Seizures / epilepsy/fainting spells                | <input type="checkbox"/> | <input type="checkbox"/> | Food: _____                          |                  |               |
| <input type="checkbox"/>   | <input type="checkbox"/> | *Diabetes   | <input type="checkbox"/> | <input type="checkbox"/> | Insect stings/bites: _____           |                  |               |
| <input type="checkbox"/>   | <input type="checkbox"/> | *Concussion or serious head injury                  | <input type="checkbox"/> | <input type="checkbox"/> | Special diet                         |                  |               |
| <input type="checkbox"/>   | <input type="checkbox"/> | *Major surgery or serious illness                   | <input type="checkbox"/> | <input type="checkbox"/> | *Asthma                              |                  |               |
| <input type="checkbox"/>   | <input type="checkbox"/> | Heat stroke / exhaustion                            | <input type="checkbox"/> | <input type="checkbox"/> | Tobacco use                          |                  |               |
| <input type="checkbox"/>   | <input type="checkbox"/> | *Blindness / visual problem                         | <input type="checkbox"/> | <input type="checkbox"/> | Easy bleeding                        |                  |               |
| <input type="checkbox"/>   | <input type="checkbox"/> | Contact lenses / glasses                            | <input type="checkbox"/> | <input type="checkbox"/> | Emotional / psychiatric / behavioral |                  |               |
| <input type="checkbox"/>   | <input type="checkbox"/> | Hearing loss / hearing aid                          | <input type="checkbox"/> | <input type="checkbox"/> | Sickle cell trait or disease         |                  |               |
| <input type="checkbox"/>   | <input type="checkbox"/> | Bone or joint problem                               | <input type="checkbox"/> | <input type="checkbox"/> | Immunizations up to date             |                  |               |
| Date of most recent tetanus immunization _____/_____/_____   |                          |   | <input type="checkbox"/> | <input type="checkbox"/> | Other _____                          |                  |               |
| (*) Requires physical examination  |                          |   |                          |                          |                                      |                  |               |
| <b>Medications:</b>  |                          |   |                          |                          |                                      |                  |               |
| Please print medication name, amount, date prescribed and number of times per day medication is given. |                          |   |                          |                          |                                      |                  |               |
| Medication Name  | Dosage                   | Date Prescribed.                                    | Times per day            | Medication Name          | Dosage                               | Date Prescribed. | Times per day |
|  |                          |   |                          |                          |                                      |                  |               |
|  |                          |   |                          |                          |                                      |                  |               |
|  |                          |   |                          |                          |                                      |                  |               |
| Signature of parent/caregiver/adult athlete: _____   |                          |   |                          | date _____/_____/_____   |                                      |                  |               |



**ATHLETE MEDICAL FORM - PAGE 2**

**ATLANTO-AXIAL INSTABILITY ASSESSMENT FOR ATHLETES WITH DOWN SYNDROME**

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

Yes No

- Has an x-ray evaluation for atlanto-axial instability been done?
- If yes, was it positive for atlanto-axial instability? (positive indicates that the atlanto-dens interval is 5mm or more)

**PHYSICAL EXAMINATION**

Blood pressure: \_\_\_\_/\_\_\_\_ Weight: \_\_\_\_ Height: \_\_\_\_

Normal/Abnormal

Normal/Abnormal

Normal/Abnormal

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> <input type="checkbox"/> Vision      | <input type="checkbox"/> <input type="checkbox"/> Cardiovascular system   | <input type="checkbox"/> <input type="checkbox"/> Cranial nerves |
| <input type="checkbox"/> <input type="checkbox"/> Hearing     | <input type="checkbox"/> <input type="checkbox"/> Respiratory system      | <input type="checkbox"/> <input type="checkbox"/> Coordination   |
| <input type="checkbox"/> <input type="checkbox"/> Oral cavity | <input type="checkbox"/> <input type="checkbox"/> Gastrointestinal system | <input type="checkbox"/> <input type="checkbox"/> Reflexes       |
| <input type="checkbox"/> <input type="checkbox"/> Neck        | <input type="checkbox"/> <input type="checkbox"/> Genitourinary system    |  |
| <input type="checkbox"/> <input type="checkbox"/> Extremities | <input type="checkbox"/> <input type="checkbox"/> Skin                    |  |

Other: \_\_\_\_\_

Primary MR Etiology/Category: (If known) \_\_\_\_\_

I have reviewed the above health information and have performed the above examination on this athlete within the past 6 months and certify that the athlete can participate in Special Olympics.

RESTRICTIONS: \_\_\_\_\_

EXAMINER'S SIGNATURE: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

EXAMINER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_



## **ATHLETE MEDICAL FORM – INSTRUCTIONS**

- A physical examination of all athletes is **required** as part of the initial Special Olympics athlete registration, as outlined in the *General Rules, 6.02 (e), Subsection 1*:

*All athletes seeking to register for participation in Special Olympics for the first time must be examined before that registration by a physician or trained medical professional who is not a physician but who is authorized or licensed under the laws of the Accredited Program's jurisdiction to perform medical examinations and make medical diagnoses (collectively, a "**Licensed Medical Professional**"), and have that Licensed Medical Professional complete the "medical certification" section of the Athlete Registration Form.*

- The frequency of required physical examinations for Special Olympics athletes is described below in the *General Rules, 6.02 (e), Subsection 2*:

*An athlete who completes the initial registration process for participation in Special Olympics and who then continues that participation over a period of more than one year shall be required by the relevant Accredited Program to seek follow-up medical advice before continuing his/her Special Olympics participation if that Accredited Program has a reasonable basis for believing that there has been a significant change in the athlete's health since the initial medical examination and certification were completed. In addition, an Accredited Program's Board of Directors/National Committee may impose more stringent requirements on the athletes registered by that Accredited Program concerning the frequency of required medical examinations than those which are imposed by subsection (1) above. However, no Accredited Program may dispense with the requirement that each athlete be examined at least once by a Licensed Medical Professional as part of his/her initial registration with Special Olympics.*

- The Athlete Medical Form represents the minimum standard for Special Olympic Athlete Physical Examination. Programs may include additional information on the form so long as items given on the revised form are not eliminated and the Program has submitted its revised form to SOI for review and approval as required by General Rules 6.02 (e). Any Program wishing to request additional contact information (i.e. cell phone number) may do so with out further approval through SOI. SOI must be advised of and approve all other changes.

If you have any further questions, please direct them to Dr. Mark Wagner at 202-715-1148--- or [mwagner@specialolympics.org](mailto:mwagner@specialolympics.org).

**ANY CHANGES OR ADDITIONS TO THE ATTACHED FORM MUST BE APPROVED BY SOI**



**ATHLETE RELEASE FORM**

**Section A.**

**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 medical professional has reviewed the health information contained in my application and has certified, based on an independent medical examination, that there is no medical evidence that 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 Program in my jurisdiction, 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, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, and football (soccer).

Special Olympics has my permission forever 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 publicizing, promoting or communicating the purposes and activities of Special Olympics and/or applying for funds to support these purposes and activities. 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 by signing below I consent 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 there is no obligation for me to participate in the Healthy Athletes Program and that I may 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.

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 for any reason, I authorize Special Olympics to take whatever measures it deems necessary to protect my health and well-being, including, if necessary, hospitalization **(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, 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.)



**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. 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.

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 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.

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. **(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





## **ATHLETE RELEASE FORM – INSTRUCTIONS**

- SECTION A, TO BE COMPLETED BY AN ADULT ATHLETE
  - SECTION B, TO BE COMPLETED BY THE PARENT OR GUARDIAN OF A MINOR ATHLETE
- 1) **PARAGRAPH ONE:**
    - **Athlete gives consent to participate in Special Olympics**
    - **Parent or guardian of a minor athlete gives permission for said minor to participate in Special Olympics**
  - 2) **PARAGRAPH TWO:**
    - Acknowledgement of medical examination and information regarding participation restrictions for athletes with Atlanto-axial Instability
  - 3) **PARAGRAPH THREE:**
    - Notification of the right to use athlete's likeness, voice or words for the purpose of Special Olympics publicity
  - 4) **PARAGRAPH FOUR:**
    - Consent for participation in Special Olympics Healthy Athlete Programs
  - 5) **PARAGRAPH FIVE:**
    - Authorization for Special Olympics to provide athlete with medical treatment in case of a medical emergency
    - Instructions for those with Religious Objections for emergency medical treatment:
      - Cross out Paragraph 5, initial the document and complete attached Religious Objections form

*ANY CHANGES OR ADDITIONS TO THE ATTACHED FORM MUST BE APPROVED BY SOI*



**RELIGIOUS OBJECTIONS FORM**

**SPECIAL PROVISIONS REGARDING MEDICAL TREATMENT  
FOR ATHLETES HAVING RELIGIOUS OBJECTIONS TO STANDARD FORM**

**TO ATHLETES AND THEIR PARENTS**

Special Olympics respects the religious beliefs of all its athletes. Our standard application form normally requires each athlete (or his/her parent, if the athlete is a minor) to give Special Olympics permission to arrange for emergency medical treatment, including hospitalization, for any athlete if a medical emergency arises during his/her participation in Special Olympics under circumstances in which neither the athlete nor his/ her parents is available to consent to that emergency treatment. If you have religious objections to approving that provision, please cross it out and initial it on the application form, and submit the application along with this page, after reading and signing it below.

**TO BE COMPLETED BY PARENT OF MINOR ATHLETE**

On the attached official Special Olympics Release form, I have crossed out and rejected, on behalf of \_\_\_\_\_ (name of athlete), the provision that authorizes Special Olympics to make arrangements for emergency medical treatment for the athlete if the athlete is injured and his/her parent are unable to consent to that treatment. I am withholding this permission on behalf of the athlete on religious grounds. However, on behalf of myself and the athlete named in this Application, I do agree to and confirm the following:

1. I agree to be present with the athlete at all times at the site of any Special Olympics training or competitive event in which the athlete participates, including during travel to and from the training or competition, in the dormitories, meal time, and during competition, training and practice sessions, so that I can be readily available to take personal responsibility for the athlete if a medical emergency arises. I understand that if I am not present at all times, the athlete will not be permitted to participate in that event, and that no exception will be made.
2. I also agree on behalf of myself and the athlete to release Special Olympics and its employees and volunteers from any and all claims, demands or liabilities of any kind that may arise out of Special Olympics failure to take measures to provide the athlete with emergency medical treatment during Special Olympics' events and activities. I am agreeing to this release because I have refused, knowingly and voluntarily, to give Special Olympics permission to take such emergency measures, and I am expressly directly Special Olympics not to do so on religious grounds.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**TO BE COMPLETED BY ADULT ATHLETE**

On the attached official Special Olympics Release form, I, \_\_\_\_\_, (name of athlete), have crossed out and rejected the provision that authorizes Special Olympics to make arrangements of emergency medical treatment for me if I am injured during my participation in Special Olympics and am unable to consent to that treatment myself. I am refusing to give this permission based on my religious beliefs; however, I do agree to and confirm the following:

1. I agree to carry with me, at all times during my participation in any Special Olympics training or competitive event, including during travel to and from the training or competition, in the dormitories, meal time, and during competition, training and practice sessions, a printed card or paper that describes my religious objections, so that in case I get sick or hurt and cannot speak for myself, Special Olympics will be able to read this card and learn of my religious objections to medical treatment.
2. I also agree to make arrangements for an adult friend or member of my family to be present with me on site at all times, including during travel to and from the training or competition, in the dormitories, meal time, and during competition, training and practice sessions, during my participation in Special Olympics' activities, so that this person can take personal responsibility for me if a medical emergency arises, and I am unable to speak for myself. I understand that if this friend or family member is not present at all times, I will not be permitted to participate in that event, and that no exceptions will be made.
3. I also agree to release Special Olympics and its employees from any and all claims, demands or liabilities of any kind that may arise out of Special Olympics' failure to take measures to provide me with emergency medical treatment during Special Olympics events and activities. I am agreeing to this release because I have refused, knowingly and voluntarily, to give Special Olympics permission to take such emergency measures, and I am expressly directly Special Olympics not to do so on religious grounds.

I have read this release. I fully understand what it says, and I agree to it.

\_\_\_\_\_  
Signature of Adult Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Adult Family Member/Friend

\_\_\_\_\_  
Date



**HEALTHY ATHLETE CONSENT FORM**

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 health care 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.

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 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 there is no obligation for me to participate in the Healthy Athletes Program should I decide no 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 services 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.

**Authorization for Minors:** I understand that by signing below I consent to \_\_\_\_\_ (athlete’s full name) participation 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 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 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 services 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.

\_\_\_\_\_  
Parent or Guardian (if athlete is under 18 years old)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Athlete (if 18 years old or older)

\_\_\_\_\_  
Special Olympics Program



**SPECIAL RELEASE FOR ATHLETES WITH ATLANTO-AXIAL INSTABILITY – PAGE 1**

**CERTIFICATION BY PHYSICIANS**

We have examined the athlete named in the application, who has Down syndrome and who has been diagnosed as having Atlanto-axial Instability. We certify based on our examinations of the athlete and our review of the health information contained in this application, that despite the diagnosis of Atlanto-axial Instability, this athlete is not medically precluded from participation in Special Olympics. We Further certify that we have explained to the athlete named in this application, (and to the parent or guardian whose signature appears below, if the athlete is a minor), the medical risks associated with Atlanto-axial Instability and in particular, the risks associated with the athlete’s participation in sports or events which, by their nature, may result in hyper-extension, radical flexion or direct pressure on the neck or upper spine.

(Signatures of two physicians are required.)

|   |   |
|---|---|
| Restrictions (if any):<br>_____         | Restrictions (if any):<br>_____         |
| Physician’s name: _____                 | Physician’s name: _____                 |
| Address: _____                          | Address: _____                          |
| Phone: _____                            | Phone: _____                            |
| Signature of Physician _____ Date _____ | Signature of Physician _____ Date _____ |

**CERTIFICATION OF ADULT ATHLETE** (Required for adult athletes with diagnosis of Atlanto-axial Instability)

I am the athlete named in this application. I certify that:

1. I have been informed by the physicians named above that I have Atlanto-axial Instability
2. The risks associated with that condition, including the risks from participating in equestrian sports, gymnastics, diving, pentathlon, butterfly stroke and diving starts in swimming, high jump, alpine skiing, and soccer have been fully explained to me by the physicians named above, and I fully understand the possible medical consequences if I participate in any of these sports or events.
3. Although I recognize and understand the risks and possible medical consequences, I certify that I am taking these risks knowingly and voluntarily, of my own free will, because of my desire to participate in Special Olympics, including any or all of the sports listed above, based on the certifications of the two physicians named above that I am not medically precluded from participating in Special Olympics.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_

Signature of Adult Athlete \_\_\_\_\_ Date \_\_\_\_\_

Signature of Adult Friend or Family Member \_\_\_\_\_ Date \_\_\_\_\_



**SPECIAL RELEASE FOR ATHLETES WITH ATLANTO-AXIAL INSTABILITY – PAGE 2**

**CERTIFICATION OF PARENT** (Required for minor athletes with diagnosis of Atlanto-axial Instability)

I am the mother/father of the athlete named in this application. I certify that:

1. I have been informed by the physicians named above that my son/daughter has Atlanto-axial Instability.
2. The risks associated with that condition, including the risks from participating in equestrian sports, gymnastics, diving, pentathlon, butterfly stroke and diving starts in swimming, high jump, alpine skiing, and soccer have been fully explained to me by the physicians named above, and I fully understand the possible medical consequences of my son/daughter participating in any of these sports or events.
3. Although I recognize and understand the risks and possible medical consequences, I hereby give my permission for my son/daughter to participate in Special Olympics, including any or all of the sports or events listed above, based on the certifications of the two physicians named above that my son/daughter is not medically precluded from participating in Special Olympics.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



## **SPECIAL RELEASE FOR ATHLETES WITH ATLANTO-AXIAL INSTABILITY – INSTRUCTIONS**

The Special Release for Athletes with Atlanto-Axial Instability is in accordance with Special Olympics General Rules, 6.02 (f):

*In light of medical research indicating that up to 15% of individuals with Down syndrome have a mal-alignment of the cervical vertebrae C-1 and C-2 in the neck known as Atlanto-axial instability, exposing them to possible injury if they participate in activities that hyperextend or radically flex the neck or upper spine, all Accredited Programs must take the following precautions before permitting athletes with Down syndrome to participate in certain physical activities:*

(1) *Athletes with Down syndrome may participate in most Special Olympics sports training and competition, but shall not be permitted to participate in any activities which, by their nature, result in hyper-extension, radical flexion or direct pressure on the neck or upper spine, unless the requirements of subsections (f)(2) and (f)(3) below are satisfied. Such sports training and competition activities include: butterfly stroke and diving starts in swimming, diving, pentathlon, high jump, squat lifts, equestrian sports, artistic gymnastics, football (soccer), alpine skiing and any warmup exercise placing undue stress on the head and neck.*

(2) *An athlete with Down syndrome may be permitted to participate in the activities described in subsection (1) above if that athlete is examined (including x-ray views of full extension and flexion of neck) by a physician who has been briefed on the nature of the Atlanto-axial instability condition, and who determines, based on the results of that examination, that the athlete does not have an Atlanto-axial instability condition.*

(3) *An athlete with Down syndrome who has been diagnosed by a physician as having an Atlanto-axial instability condition may nevertheless be permitted to participate in the activities described in subsection (1) above if the athlete, or the parent or guardian of a minor athlete, confirms in writing his or her decision to proceed with these activities notwithstanding the risks created by the Atlanto-axial instability, and two (2) Licensed Medical Professionals certify in writing that they have explained these risks to the athlete and his/her parent or guardian, and that the athlete's condition does not, in their judgment, preclude the athlete from participating in Special Olympics. These statements and certifications shall be documented and provided to Accredited Programs using the standardized form approved by SOI, entitled "Special Release for Athletes with Atlanto-axial Instability," and any revisions of that form, approved by SOI (the "**Special Release Concerning Atlanto-axial Instability**").*

ANY CHANGES OR ADDITIONS TO THE ATTACHED FORM MUST BE APPROVED BY SOI